


SO Payment Details

Payment Mode : Bank Transfer
Beneficiary Name : STAROYLA DAMIANOY
Beneficiary Bank Name : HELLENIC BANK PUBLIC COMPANY LTD
Beneficiary IBAN : CY09005003680003681087560101
Date/Time : 2021/01/12 03:21
Reference Number : SO - 429396
Number Of Transactions : 1
Commission Value: 10.00%
Rate: 0.70%

Date	Branch	Time	Merchant User Type	Merchant User	TranID	Amount (€)	Tips (€)	Commission	Fee	Net Amount
2021/01/11	25 March 44	18:32	SuperAdmin	Admin	1836466	6.00	0.00	0.60	0.04	5.36
		Total/Branch				6.00	0.00	0.60	0.04	5.36
	Total/Date					6.00	0.00	0.60	0.04	5.36
Total						6.00	0.00	0.60	0.04	5.36