


SO Payment Details

Payment Mode : Bank Transfer
Beneficiary Name : STAROYLA DAMIANOY
Beneficiary Bank Name : HELLENIC BANK PUBLIC COMPANY LTD
Beneficiary IBAN : CY09005003680003681087560101
Date/Time : 2021/01/13 03:28
Reference Number : SO - 311944
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
2021/01/12	25 March 44	16:36	SuperAdmin	Admin	1844673	8.00	0.00	0.80	0.05	7.15
		Total/Branch				8.00	0.00	0.80	0.05	7.15
	Total/Date					8.00	0.00	0.80	0.05	7.15
Total						8.00	0.00	0.80	0.05	7.15