


SO Payment Details

Payment Mode : Bank Transfer
Beneficiary Name : STAROYLA DAMIANOY
Beneficiary Bank Name : HELLENIC BANK PUBLIC COMPANY LTD
Beneficiary IBAN : CY09005003680003681087560101
Date/Time : 2021/01/18 03:26
Reference Number : SO - 414999
Number Of Transactions : 4
Commission Value: 10.00%
Rate: 0.70%

Date	Branch	Time	Merchant User Type	Merchant User	TranID	Amount (€)	Tips (€)	Commission	Fee	Net Amount
2021/01/15	25 March 44	07:36	SuperAdmin	Admin	1866374	2.00	0.00	0.20	0.01	1.79
		16:06	SuperAdmin	Admin	1869697	6.00	0.00	0.60	0.04	5.36
		17:11	SuperAdmin	Admin	1870160	4.00	0.00	0.40	0.03	3.57
		Total/Branch				12.00	0.00	1.20	0.08	10.72
	Total/Date					12.00	0.00	1.20	0.08	10.72
2021/01/17	25 March 44	12:48	SuperAdmin	Admin	1882574	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						18.00	0.00	1.80	0.12	16.08