


SO Payment Details

Payment Mode : Bank Transfer
Beneficiary Name : STAROYLA DAMIANOY
Beneficiary Bank Name : HELLENIC BANK PUBLIC COMPANY LTD
Beneficiary IBAN : CY09005003680003681087560101
Date/Time : 2021/02/09 03:41
Reference Number : SO - 356812
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
2021/02/08	25 March 44	14:54	SuperAdmin	Admin	2077553	2.00	0.00	0.20	0.01	1.79
		Total/Branch				2.00	0.00	0.20	0.01	1.79
	Total/Date					2.00	0.00	0.20	0.01	1.79
Total						2.00	0.00	0.20	0.01	1.79