



Number OF Transactions: 1
 Beneficiary Name: STAROYLA DAMIANOY
 Beneficiary IBAN: CY09005003680003681087560101
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 024168
 Date/Time: 2021/02/17 03:35
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/02/16	25 March 44	10:56	2164419	363983	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		Total/Branch					2.00	0.20	0.01	1.79
	Total/Date						2.00	0.20	0.01	1.79
Total							2.00	0.20	0.01	1.79