



Number OF Transactions: 3
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 005849
Date/Time: 2021/02/24 03:50
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/02/23	25 March 44	15:47	2243398	338945	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		16:35	2243760	654466	SuperAdmin	Admin	5.00	0.50	0.03	4.47
		17:33	2244319	578794	SuperAdmin	Admin	2.50	0.25	0.02	2.23
		Total/Branch					9.50	0.95	0.06	8.49
	Total/Date						9.50	0.95	0.06	8.49
Total							9.50	0.95	0.06	8.49