



Number OF Transactions: 3
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 056375
Date/Time: 2021/03/05 03:02
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/03/04	25 March 44	07:23	2358991	347734	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		16:13	2364497	823379	SuperAdmin	Admin	4.00	0.40	0.03	3.57
		16:18	2364552	656564	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		Total/Branch					8.00	0.80	0.05	7.15
	Total/Date						8.00	0.80	0.05	7.15
Total							8.00	0.80	0.05	7.15