



Number OF Transactions: 3
 Beneficiary Name: STAROYLA DAMIANOY
 Beneficiary IBAN: CY09005003680003681087560101
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 416049
 Date/Time: 2021/03/08 03:26
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/03/05	25 March 44	18:10	2378194	765786	SuperAdmin	Admin	2.50	0.25	0.02	2.23
		Total/Branch					2.50	0.25	0.02	2.23
		Total/Date					2.50	0.25	0.02	2.23
2021/03/06	25 March 44	14:57	2388874	665643	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
2021/03/07	25 March 44	10:21	2397873	765786	SuperAdmin	Admin	2.30	0.23	0.01	2.06
		Total/Branch					2.30	0.23	0.01	2.06
		Total/Date					2.30	0.23	0.01	2.06

Merchant Standing Order Payment Report

Total							6.80	0.68	0.04	6.08
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