



Number OF Transactions: 1
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 603672
Date/Time: 2021/03/11 03:21
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/03/10	25 March 44	10:02	2437475	233587	SuperAdmin	Admin	4.00	0.40	0.03	3.57
		Total/Branch					4.00	0.40	0.03	3.57
	Total/Date						4.00	0.40	0.03	3.57
Total							4.00	0.40	0.03	3.57