



Number OF Transactions: 2
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 557572
Date/Time: 2021/03/18 03:38
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/03/17	25 March 44	07:16	2524810	485866	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		12:56	2527920	789548	SuperAdmin	Admin	3.50	0.35	0.02	3.13
		Total/Branch					5.50	0.55	0.03	4.92
	Total/Date						5.50	0.55	0.03	4.92
Total							5.50	0.55	0.03	4.92