



Number OF Transactions: 2
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 854267
Date/Time: 2021/03/24 03:52
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/03/23	25 March 44	11:18	2603472	735385	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		18:27	2607917	658327	SuperAdmin	Admin	4.00	0.40	0.03	3.57
		Total/Branch					6.00	0.60	0.04	5.36
	Total/Date						6.00	0.60	0.04	5.36
Total							6.00	0.60	0.04	5.36