



Number OF Transactions: 3
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 053752
Date/Time: 2021/03/26 03:14
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/03/25	25 March 44	09:56	2625225	354356	SuperAdmin	Admin	6.90	0.69	0.04	6.17
		10:47	2625630	357254	SuperAdmin	Admin	4.50	0.45	0.03	4.02
		20:17	2631328	987326	SuperAdmin	Admin	4.00	0.40	0.03	3.57
		Total/Branch					15.40	1.54	0.10	13.76
	Total/Date						15.40	1.54	0.10	13.76
Total							15.40	1.54	0.10	13.76