



Number OF Transactions: 2
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 230567
Date/Time: 2021/03/30 03:57
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/03/29	25 March 44	10:08	2673935	477932	SuperAdmin	Admin	4.00	0.40	0.03	3.57
		11:27	2676442	738233	SuperAdmin	Admin	4.00	0.40	0.03	3.57
		Total/Branch					8.00	0.80	0.06	7.14
	Total/Date						8.00	0.80	0.06	7.14
Total							8.00	0.80	0.06	7.14