



Number OF Transactions: 2
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 222589
Date/Time: 2021/04/07 03:15
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/04/06	25 March 44	13:04	2795231	333579	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		17:04	2798127	475677	SuperAdmin	Admin	13.00	1.30	0.08	11.62
		Total/Branch					15.00	1.50	0.09	13.41
	Total/Date						15.00	1.50	0.09	13.41
Total							15.00	1.50	0.09	13.41