



Number OF Transactions: 5
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 703769
Date/Time: 2021/04/08 03:18
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/04/07	25 March 44	07:55	2808833	563447	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		08:55	2809579	725732	SuperAdmin	Admin	4.00	0.40	0.03	3.57
		09:09	2809689	258533	SuperAdmin	Admin	2.50	0.25	0.02	2.23
		13:50	2813341	543564	SuperAdmin	Admin	4.00	0.40	0.03	3.57
		17:59	2816169	684347	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		Total/Branch					14.50	1.45	0.10	12.95
	Total/Date						14.50	1.45	0.10	12.95
Total							14.50	1.45	0.10	12.95