



Number OF Transactions: 2
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 017836
Date/Time: 2021/04/13 03:33
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/04/12	25 March 44	17:44	2891671	833236	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		17:49	2891740	387238	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		Total/Branch					4.00	0.40	0.02	3.58
	Total/Date						4.00	0.40	0.02	3.58
Total							4.00	0.40	0.02	3.58