



Number OF Transactions: 2
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 356589
Date/Time: 2021/04/14 03:35
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/04/13	25 March 44	08:03	2896627	745556	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		12:21	2901960	543564	SuperAdmin	Admin	6.10	0.61	0.04	5.45
		Total/Branch					8.10	0.81	0.05	7.24
	Total/Date						8.10	0.81	0.05	7.24
Total							8.10	0.81	0.05	7.24