



Number OF Transactions: 4
 Beneficiary Name: STAROYLA DAMIANOY
 Beneficiary IBAN: CY09005003680003681087560101
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 528523
 Date/Time: 2021/04/19 03:47
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/04/16	25 March 44	08:40	2942166	893737	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		11:18	2944499	439677	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		17:33	2948969	748539	SuperAdmin	Admin	5.00	0.50	0.03	4.47
		Total/Branch					9.00	0.90	0.05	8.05
	Total/Date						9.00	0.90	0.05	8.05
2021/04/17	25 March 44	14:44	2963460	353858	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		Total/Branch					2.00	0.20	0.01	1.79
	Total/Date						2.00	0.20	0.01	1.79
Total							11.00	1.10	0.06	9.84