



Number OF Transactions: 3
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 101009
Date/Time: 2021/04/22 03:32
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/04/21	25 March 44	10:18	3019582	352356	SuperAdmin	Admin	4.50	0.45	0.03	4.02
		13:04	3022105	795347	SuperAdmin	Admin	4.50	0.45	0.03	4.02
		14:33	3023031	733455	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		Total/Branch					11.00	1.10	0.07	9.83
	Total/Date						11.00	1.10	0.07	9.83
Total							11.00	1.10	0.07	9.83