



Number OF Transactions: 4
 Beneficiary Name: STAROYLA DAMIANOY
 Beneficiary IBAN: CY09005003680003681087560101
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 833265
 Date/Time: 2021/04/27 03:40
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/04/26	25 March 44	08:20	3091310	338235	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		08:39	3091490	946254	SuperAdmin	Admin	5.00	0.50	0.03	4.47
		08:44	3091567	558348	SuperAdmin	Admin	6.00	0.60	0.04	5.36
		08:47	3091706	626769	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		Total/Branch					15.00	1.50	0.09	13.41
	Total/Date						15.00	1.50	0.09	13.41
Total							15.00	1.50	0.09	13.41