



Number OF Transactions: 1
 Beneficiary Name: STAROYLA DAMIANOY
 Beneficiary IBAN: CY09005003680003681087560101
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 241085
 Date/Time: 2021/04/28 03:45
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/04/27	25 March 44	15:10	3114511	562676	SuperAdmin	Admin	2.30	0.23	0.01	2.06
		Total/Branch					2.30	0.23	0.01	2.06
	Total/Date						2.30	0.23	0.01	2.06
Total							2.30	0.23	0.01	2.06