



Number OF Transactions: 2
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 036272
Date/Time: 2021/05/07 04:02
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/05/06	25 March 44	08:14	3220070	654773	SuperAdmin	Admin	4.50	0.45	0.03	4.02
		15:22	3226242	958432	SuperAdmin	Admin	4.00	0.40	0.03	3.57
		Total/Branch					8.50	0.85	0.06	7.59
	Total/Date						8.50	0.85	0.06	7.59
Total							8.50	0.85	0.06	7.59