



Number OF Transactions: 3
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 011522
Date/Time: 2021/05/11 03:22
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/05/10	25 March 44	08:39	3283687	934699	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		09:47	3284290	276667	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		17:39	3292300	879469	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		Total/Branch					6.00	0.60	0.03	5.37
	Total/Date						6.00	0.60	0.03	5.37
Total							6.00	0.60	0.03	5.37