



Number OF Transactions: 2
 Beneficiary Name: QUALITAS MEDCARE LTD
 Beneficiary IBAN: CY84002001950000357029792173
 Payment Mode: Bank Transfer
 Commission Value: 0.00
 Reference Number: SO - 431531
 Date/Time: 2021/05/12 03:28
 Beneficiary Bank Name: BANK OF CYPRUS PUBLIC COMPANY LIMITED

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/05/11	77 Arch. Makariou Av., Latsia	18:42	3309697	469855	SuperAdmin	mikel	2.60	0.01	2.59
		19:50	3310724	374497	SuperAdmin	mikel	2.80	0.01	2.79
		Total/Branch					5.40	0.02	5.38
	Total/Date						5.40	0.02	5.38
Total							5.40	0.02	5.38