



Number OF Transactions: 2
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 329599
Date/Time: 2021/05/14 03:34
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/05/13	25 March 44	07:42	3330213	635348	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		16:49	3337462	473787	SuperAdmin	Admin	4.50	0.45	0.03	4.02
		Total/Branch					6.50	0.65	0.04	5.81
	Total/Date						6.50	0.65	0.04	5.81
Total							6.50	0.65	0.04	5.81