



Number OF Transactions: 3
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 907442
Date/Time: 2021/05/17 04:01
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/05/14	25 March 44	10:43	3351179	375547	SuperAdmin	Admin	3.00	0.30	0.02	2.68
		Total/Branch					3.00	0.30	0.02	2.68
		Total/Date					3.00	0.30	0.02	2.68
2021/05/15	25 March 44	16:15	3373816	435725	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		Total/Branch					2.00	0.20	0.01	1.79
		Total/Date					2.00	0.20	0.01	1.79
2021/05/16	25 March 44	15:17	3392831	756267	SuperAdmin	Admin	4.00	0.40	0.03	3.57
		Total/Branch					4.00	0.40	0.03	3.57
		Total/Date					4.00	0.40	0.03	3.57

Merchant Standing Order Payment Report

Total							9.00	0.90	0.06	8.04
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