



Number OF Transactions: 2
Beneficiary Name: QUALITAS MEDCARE LTD
Beneficiary IBAN: CY84002001950000357029792173
Payment Mode: Bank Transfer
Commission Value: 0.00
Reference Number: SO - 054097
Date/Time: 2021/05/24 03:54
Beneficiary Bank Name: BANK OF CYPRUS PUBLIC COMPANY LIMITED

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/05/21	77 Arch. Makariou Av., Latsia	20:02	3478686	537999	SuperAdmin	mikel	4.60	0.02	4.58
		Total/Branch					4.60	0.02	4.58
	Total/Date						4.60	0.02	4.58
2021/05/22	77 Arch. Makariou Av., Latsia	11:36	3487211	586636	SuperAdmin	mikel	6.30	0.03	6.27
		Total/Branch					6.30	0.03	6.27
	Total/Date						6.30	0.03	6.27
Total							10.90	0.05	10.85