



Number OF Transactions: 3
 Beneficiary Name: STAROYLA DAMIANOY
 Beneficiary IBAN: CY09005003680003681087560101
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 054097
 Date/Time: 2021/05/24 03:53
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/05/21	25 March 44	14:05	3474087	359595	SuperAdmin	Admin	4.60	0.46	0.03	4.11
		17:06	3476352	827753	SuperAdmin	Admin	3.20	0.32	0.02	2.86
		Total/Branch					7.80	0.78	0.05	6.97
	Total/Date						7.80	0.78	0.05	6.97
2021/05/22	25 March 44	08:48	3484931	823346	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
Total							9.80	0.98	0.06	8.76