



Number OF Transactions: 2
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 843884
Date/Time: 2021/05/27 03:20
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/05/26	25 March 44	08:04	3547782	358438	SuperAdmin	Admin	2.50	0.25	0.02	2.23
		08:19	3548142	925674	SuperAdmin	Admin	3.80	0.38	0.02	3.40
		Total/Branch					6.30	0.63	0.04	5.63
	Total/Date						6.30	0.63	0.04	5.63
Total							6.30	0.63	0.04	5.63