



Number OF Transactions: 2
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 245464
Date/Time: 2021/05/28 03:24
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/05/27	25 March 44	08:22	3565007	843346	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		14:59	3570897	595686	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