



Number OF Transactions: 4
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 833751
Date/Time: 2021/05/31 03:30
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/05/28	25 March 44	08:03	3580773	748854	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		17:32	3589492	998465	SuperAdmin	Admin	5.00	0.50	0.03	4.47
		Total/Branch					7.00	0.70	0.04	6.26
	Total/Date						7.00	0.70	0.04	6.26
2021/05/30	25 March 44	17:07	3619545	578664	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		17:07	3619553	583944	SuperAdmin	Admin	2.50	0.25	0.02	2.23
		Total/Branch					4.50	0.45	0.03	4.02
	Total/Date						4.50	0.45	0.03	4.02
Total							11.50	1.15	0.07	10.28