



Number OF Transactions: 5
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 024218
Date/Time: 2021/06/03 03:22
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/06/01	25 March 44	10:25	3650984	357733	SuperAdmin	Admin	3.00	0.30	0.02	2.68
		16:13	3654627	564348	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		17:47	3655850	345734	SuperAdmin	Admin	4.50	0.45	0.03	4.02
		Total/Branch					9.50	0.95	0.06	8.49
	Total/Date						9.50	0.95	0.06	8.49
2021/06/02	25 March 44	09:59	3661852	462895	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		10:55	3664038	663887	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		Total/Branch					4.00	0.40	0.02	3.58
	Total/Date						4.00	0.40	0.02	3.58

Merchant Standing Order Payment Report

Total							13.50	1.35	0.08	12.07
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