



Number OF Transactions: 3
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 909445
Date/Time: 2021/06/04 03:42
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/06/03	25 March 44	11:22	3681874	864474	SuperAdmin	Admin	2.50	0.25	0.02	2.23
		13:21	3682982	386368	SuperAdmin	Admin	4.50	0.45	0.03	4.02
		16:38	3684905	748373	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		Total/Branch					9.00	0.90	0.06	8.04
	Total/Date						9.00	0.90	0.06	8.04
Total							9.00	0.90	0.06	8.04