



Number OF Transactions: 4
 Beneficiary Name: STAROYLA DAMIANOY
 Beneficiary IBAN: CY09005003680003681087560101
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 955517
 Date/Time: 2021/06/09 03:31
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/06/08	25 March 44	08:13	3741851	478968	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		13:00	3745402	563636	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		15:09	3746484	343858	SuperAdmin	Admin	4.00	0.40	0.03	3.57
		17:32	3748509	634844	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		Total/Branch					10.00	1.00	0.06	8.94
	Total/Date						10.00	1.00	0.06	8.94
Total							10.00	1.00	0.06	8.94