



Number OF Transactions: 4
 Beneficiary Name: STAROYLA DAMIANOY
 Beneficiary IBAN: CY09005003680003681087560101
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 332744
 Date/Time: 2021/06/11 03:35
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/06/10	25 March 44	08:25	3770358	363357	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		08:42	3770449	766368	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		17:34	3775817	678577	SuperAdmin	Admin	2.50	0.25	0.02	2.23
		17:34	3775823	774798	SuperAdmin	Admin	5.50	0.55	0.03	4.92
		Total/Branch					12.00	1.20	0.07	10.73
	Total/Date						12.00	1.20	0.07	10.73
Total							12.00	1.20	0.07	10.73