



Number OF Transactions: 4
 Beneficiary Name: STAROYLA DAMIANOY
 Beneficiary IBAN: CY09005003680003681087560101
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 944735
 Date/Time: 2021/06/23 03:53
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/06/21	25 March 44	18:15	3906802	357365	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		Total/Branch					2.00	0.20	0.01	1.79
	Total/Date						2.00	0.20	0.01	1.79
2021/06/22	25 March 44	16:39	3917516	689984	SuperAdmin	Admin	1.50	0.15	0.01	1.34
		16:40	3917520	867777	SuperAdmin	Admin	1.00	0.10	0.01	0.89
		20:08	3919809	684747	SuperAdmin	Admin	4.00	0.40	0.03	3.57
		Total/Branch					6.50	0.65	0.05	5.80
	Total/Date						6.50	0.65	0.05	5.80
Total							8.50	0.85	0.06	7.59