



Number OF Transactions: 1
 Beneficiary Name: STAROYLA DAMIANOY
 Beneficiary IBAN: CY09005003680003681087560101
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 506318
 Date/Time: 2021/06/25 03:08
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/06/24	25 March 44	17:03	3946031	834797	SuperAdmin	Admin	6.80	0.68	0.04	6.08
		Total/Branch					6.80	0.68	0.04	6.08
	Total/Date						6.80	0.68	0.04	6.08
Total							6.80	0.68	0.04	6.08