



Number OF Transactions: 1
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 326891
Date/Time: 2021/06/30 03:07
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/06/29	25 March 44	17:35	4009371	624386	SuperAdmin	Admin	4.50	0.45	0.03	4.02
		Total/Branch					4.50	0.45	0.03	4.02
	Total/Date						4.50	0.45	0.03	4.02
Total							4.50	0.45	0.03	4.02