



Number OF Transactions: 1
 Beneficiary Name: QUALITAS MEDCARE LTD
 Beneficiary IBAN: CY84002001950000357029792173
 Payment Mode: Bank Transfer
 Commission Value: 0.00
 Reference Number: SO - 007509
 Date/Time: 2021/07/06 03:46
 Beneficiary Bank Name: BANK OF CYPRUS PUBLIC COMPANY LIMITED

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/07/03	77 Arch. Makariou Av., Latsia	14:57	4066589	367539	SuperAdmin	mikel	9.50	0.05	9.45
		Total/Branch					9.50	0.05	9.45
	Total/Date						9.50	0.05	9.45
Total							9.50	0.05	9.45