



Number OF Transactions: 2
Beneficiary Name: QUALITAS MEDCARE LTD
Beneficiary IBAN: CY84002001950000357029792173
Payment Mode: Bank Transfer
Commission Value: 0.00
Reference Number: SO - 821190
Date/Time: 2021/07/13 03:40
Beneficiary Bank Name: BANK OF CYPRUS PUBLIC COMPANY LIMITED

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/07/09	77 Arch. Makariou Av., Latsia	08:45	4139919	347346	SuperAdmin	mikel	2.80	0.01	2.79
		Total/Branch					2.80	0.01	2.79
	Total/Date						2.80	0.01	2.79
2021/07/12	77 Arch. Makariou Av., Latsia	12:11	4174754	999278	SuperAdmin	mikel	5.90	0.03	5.87
		Total/Branch					5.90	0.03	5.87
	Total/Date						5.90	0.03	5.87
Total							8.70	0.04	8.66