



Number OF Transactions: 1
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 854467
Date/Time: 2021/07/15 03:20
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/07/14	25 March 44	08:23	4204153	643564	SuperAdmin	Admin	2.50	0.25	0.02	2.23
		Total/Branch					2.50	0.25	0.02	2.23
	Total/Date						2.50	0.25	0.02	2.23
Total							2.50	0.25	0.02	2.23