



Number OF Transactions: 4
 Beneficiary Name: STAROYLA DAMIANOY
 Beneficiary IBAN: CY09005003680003681087560101
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 841612
 Date/Time: 2021/07/20 03:50
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/07/16	25 March 44	07:54	4229224	353858	SuperAdmin	Admin	2.50	0.25	0.02	2.23
		10:02	4230180	543564	SuperAdmin	Admin	6.40	0.64	0.04	5.72
		Total/Branch					8.90	0.89	0.06	7.95
	Total/Date						8.90	0.89	0.06	7.95
2021/07/18	25 March 44	11:37	4252224	342275	SuperAdmin	Admin	1.50	0.15	0.01	1.34
		11:38	4252229	635545	SuperAdmin	Admin	1.00	0.10	0.01	0.89
		Total/Branch					2.50	0.25	0.02	2.23
	Total/Date						2.50	0.25	0.02	2.23
Total							11.40	1.14	0.08	10.18