



Number OF Transactions: 2
 Beneficiary Name: STAROYLA DAMIANOY
 Beneficiary IBAN: CY09005003680003681087560101
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 055238
 Date/Time: 2021/07/27 03:02
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/07/23	25 March 44	08:22	4310084	389454	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		Total/Branch					2.00	0.20	0.01	1.79
	Total/Date					2.00	0.20	0.01	1.79	
2021/07/26	25 March 44	10:25	4339792	574422	SuperAdmin	Admin	5.00	0.50	0.03	4.47
		Total/Branch					5.00	0.50	0.03	4.47
	Total/Date					5.00	0.50	0.03	4.47	
Total							7.00	0.70	0.04	6.26