



Number OF Transactions: 2
 Beneficiary Name: STAROYLA DAMIANOY
 Beneficiary IBAN: CY09005003680003681087560101
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 820937
 Date/Time: 2021/08/03 04:00
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/07/30	25 March 44	09:47	4393633	438352	SuperAdmin	Admin	4.60	0.46	0.03	4.11
		Total/Branch					4.60	0.46	0.03	4.11
	Total/Date						4.60	0.46	0.03	4.11
2021/07/31	25 March 44	10:29	4409309	623427	SuperAdmin	Admin	5.30	0.53	0.03	4.74
		Total/Branch					5.30	0.53	0.03	4.74
	Total/Date						5.30	0.53	0.03	4.74
Total							9.90	0.99	0.06	8.85