



Number OF Transactions: 2
Beneficiary Name: QUALITAS MEDCARE LTD
Beneficiary IBAN: CY84002001950000357029792173
Payment Mode: Bank Transfer
Commission Value: 0.00
Reference Number: SO - 930655
Date/Time: 2021/08/13 03:41
Beneficiary Bank Name: BANK OF CYPRUS PUBLIC COMPANY LIMITED

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/08/12	77 Arch. Makariou Av., Latsia	10:53	4562401	378362	SuperAdmin	mikel	5.50	0.03	5.47
		14:06	4564735	537737	SuperAdmin	mikel	2.80	0.01	2.79
		Total/Branch					8.30	0.04	8.26
	Total/Date						8.30	0.04	8.26
Total							8.30	0.04	8.26