



Number OF Transactions: 1
 Beneficiary Name: STAROYLA DAMIANOY
 Beneficiary IBAN: CY09005003680003681087560101
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 400645
 Date/Time: 2021/08/25 03:16
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/08/24	25 March 44	08:48	4695858	787444	SuperAdmin	Admin	4.00	0.40	0.03	3.57
		Total/Branch					4.00	0.40	0.03	3.57
	Total/Date						4.00	0.40	0.03	3.57
Total							4.00	0.40	0.03	3.57