



Number OF Transactions: 1
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 542571
Date/Time: 2021/08/27 03:29
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/08/26	25 March 44	17:29	4724265	796859	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
Total							4.60	0.46	0.03	4.11