



Number OF Transactions: 3
 Beneficiary Name: STAROYLA DAMIANOY
 Beneficiary IBAN: CY09005003680003681087560101
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 801819
 Date/Time: 2021/09/03 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
2021/09/02	25 March 44	08:32	4811378	546625	SuperAdmin	Admin	7.50	0.75	0.05	6.70
		15:19	4816791	777865	SuperAdmin	Admin	7.30	0.73	0.05	6.52
		16:44	4817646	754354	SuperAdmin	Admin	4.50	0.45	0.03	4.02
		Total/Branch					19.30	1.93	0.13	17.24
	Total/Date						19.30	1.93	0.13	17.24
Total							19.30	1.93	0.13	17.24