



Number OF Transactions: 1
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 810860
Date/Time: 2021/09/08 03:33
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/09/07	25 March 44	17:28	4882912	748552	SuperAdmin	Admin	6.50	0.65	0.04	5.81
		Total/Branch					6.50	0.65	0.04	5.81
	Total/Date						6.50	0.65	0.04	5.81
Total							6.50	0.65	0.04	5.81