



Number OF Transactions: 3
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 050903
Date/Time: 2021/09/10 03:43
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/09/09	25 March 44	10:18	4903709	633834	SuperAdmin	Admin	6.40	0.64	0.04	5.72
		13:35	4905393	788747	SuperAdmin	Admin	1.00	0.10	0.01	0.89
		13:38	4905443	765786	SuperAdmin	Admin	2.50	0.25	0.02	2.23
		Total/Branch					9.90	0.99	0.07	8.84
	Total/Date						9.90	0.99	0.07	8.84
Total							9.90	0.99	0.07	8.84