



Number OF Transactions: 2
Beneficiary Name: QUALITAS MEDCARE LTD
Beneficiary IBAN: CY84002001950000357029792173
Payment Mode: Bank Transfer
Commission Value: 0.00
Reference Number: SO - 700091
Date/Time: 2021/09/16 03:08
Beneficiary Bank Name: BANK OF CYPRUS PUBLIC COMPANY LIMITED

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/09/15	77 Arch. Makariou Av., Latsia	07:30	4976790	895433	SuperAdmin	mikel	7.10	0.04	7.06
		07:33	4976811	698745	SuperAdmin	mikel	0.70	0.01	0.69
		Total/Branch					7.80	0.05	7.75
	Total/Date						7.80	0.05	7.75
Total							7.80	0.05	7.75