



Number OF Transactions: 5
Beneficiary Name: QUALITAS MEDCARE LTD
Beneficiary IBAN: CY84002001950000357029792173
Payment Mode: Bank Transfer
Commission Value: 0.00
Reference Number: SO - 316605
Date/Time: 2021/09/17 03:17
Beneficiary Bank Name: BANK OF CYPRUS PUBLIC COMPANY LIMITED

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/09/16	77 Arch. Makariou Av., Latsia	14:17	4993137	363774	SuperAdmin	mikel	2.80	0.01	2.79
		14:19	4993161	654654	SuperAdmin	mikel	2.00	0.01	1.99
		15:31	4993748	884459	SuperAdmin	mikel	14.60	0.07	14.53
		16:49	4994377	334368	SuperAdmin	mikel	5.40	0.03	5.37
		17:20	4994714	398349	SuperAdmin	mikel	4.50	0.02	4.48
	Total/Branch						29.30	0.14	29.16
	Total/Date						29.30	0.14	29.16
Total							29.30	0.14	29.16