



Number OF Transactions: 2
Beneficiary Name: QUALITAS MEDCARE LTD
Beneficiary IBAN: CY84002001950000357029792173
Payment Mode: Bank Transfer
Commission Value: 0.00
Reference Number: SO - 503333
Date/Time: 2021/09/29 03:10
Beneficiary Bank Name: BANK OF CYPRUS PUBLIC COMPANY LIMITED

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/09/28	77 Arch. Makariou Av., Latsia	14:01	5139486	745797	SuperAdmin	mikel	2.20	0.01	2.19
		21:07	5144046	446554	SuperAdmin	mikel	5.90	0.03	5.87
		Total/Branch					8.10	0.04	8.06
	Total/Date						8.10	0.04	8.06
Total							8.10	0.04	8.06