



Number OF Transactions: 2
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 901677
Date/Time: 2021/10/01 03:26
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/09/30	25 March 44	16:36	5170757	764685	SuperAdmin	Admin	4.50	0.45	0.03	4.02
		16:38	5170812	856767	SuperAdmin	Admin	3.25	0.32	0.02	2.91
		Total/Branch					7.75	0.77	0.05	6.93
	Total/Date						7.75	0.77	0.05	6.93
Total							7.75	0.77	0.05	6.93