



Number OF Transactions: 2
 Beneficiary Name: QUALITAS MEDCARE LTD
 Beneficiary IBAN: CY84002001950000357029792173
 Payment Mode: Bank Transfer
 Commission Value: 0.00
 Reference Number: SO - 436366
 Date/Time: 2021/10/08 03:37
 Beneficiary Bank Name: BANK OF CYPRUS PUBLIC COMPANY LIMITED

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/10/07	77 Arch. Makariou Av., Latsia	10:18	5268593	578932	SuperAdmin	mikel	7.80	0.04	7.76
		16:09	5272804	754444	SuperAdmin	mikel	8.80	0.04	8.76
		Total/Branch					16.60	0.08	16.52
	Total/Date						16.60	0.08	16.52
Total							16.60	0.08	16.52