



Number OF Transactions: 1
 Beneficiary Name: STAROYLA DAMIANOY
 Beneficiary IBAN: CY09005003680003681087560101
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 304663
 Date/Time: 2021/10/13 03:54
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/10/12	25 March 44	07:35	5332555	548868	SuperAdmin	Admin	2.50	0.25	0.02	2.23
		Total/Branch					2.50	0.25	0.02	2.23
	Total/Date						2.50	0.25	0.02	2.23
Total							2.50	0.25	0.02	2.23