



Number OF Transactions: 2
 Beneficiary Name: QUALITAS MEDCARE LTD
 Beneficiary IBAN: CY84002001950000357029792173
 Payment Mode: Bank Transfer
 Commission Value: 0.00
 Reference Number: SO - 914961
 Date/Time: 2021/10/14 04:04
 Beneficiary Bank Name: BANK OF CYPRUS PUBLIC COMPANY LIMITED

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/10/13	77 Arch. Makariou Av., Latsia	15:42	5351210	675672	SuperAdmin	mikel	11.00	0.06	10.94
		17:07	5351986	347953	SuperAdmin	mikel	10.30	0.05	10.25
		Total/Branch					21.30	0.11	21.19
	Total/Date						21.30	0.11	21.19
Total							21.30	0.11	21.19