



Number OF Transactions: 2
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 914961
Date/Time: 2021/10/14 04:02
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/10/13	25 March 44	10:13	5347472	635466	SuperAdmin	Admin	7.50	0.05	7.45
		13:28	5349980	525337	SuperAdmin	Admin	2.40	0.02	2.38
		Total/Branch					9.90	0.07	9.83
	Total/Date						9.90	0.07	9.83
Total							9.90	0.07	9.83