



Number OF Transactions: 2
Beneficiary Name: QUALITAS MEDCARE LTD
Beneficiary IBAN: CY84002001950000357029792173
Payment Mode: Bank Transfer
Commission Value: 0.00
Reference Number: SO - 620063
Date/Time: 2021/10/15 03:11
Beneficiary Bank Name: BANK OF CYPRUS PUBLIC COMPANY LIMITED

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/10/14	77 Arch. Makariou Av., Latsia	14:54	5364032	562856	SuperAdmin	mikel	2.90	0.01	2.89
		17:26	5365589	362263	SuperAdmin	mikel	3.20	0.02	3.18
		Total/Branch					6.10	0.03	6.07
	Total/Date						6.10	0.03	6.07
Total							6.10	0.03	6.07