



Number OF Transactions: 1
Beneficiary Name: QUALITAS MEDCARE LTD
Beneficiary IBAN: CY84002001950000357029792173
Payment Mode: Bank Transfer
Commission Value: 0.00
Reference Number: SO - 905745
Date/Time: 2021/10/20 03:32
Beneficiary Bank Name: BANK OF CYPRUS PUBLIC COMPANY LIMITED

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/10/19	77 Arch. Makariou Av., Latsia	08:53	5424106	737429	SuperAdmin	mikel	2.40	0.01	2.39
		Total/Branch					2.40	0.01	2.39
	Total/Date						2.40	0.01	2.39
Total							2.40	0.01	2.39