



Number OF Transactions: 4
 Beneficiary Name: STAROYLA DAMIANOY
 Beneficiary IBAN: CY09005003680003681087560101
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 410553
 Date/Time: 2021/10/21 03:35
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/10/20	25 March 44	07:04	5435899	255787	SuperAdmin	Admin	2.30	0.02	2.28
		07:35	5436040	479484	SuperAdmin	Admin	2.00	0.01	1.99
		10:17	5437674	793838	SuperAdmin	Admin	6.00	0.04	5.96
		15:49	5441486	865635	SuperAdmin	Admin	2.00	0.01	1.99
		Total/Branch					12.30	0.08	12.22
	Total/Date						12.30	0.08	12.22
Total							12.30	0.08	12.22