



Number OF Transactions: 2
Beneficiary Name: QUALITAS MEDCARE LTD
Beneficiary IBAN: CY84002001950000357029792173
Payment Mode: Bank Transfer
Commission Value: 0.00
Reference Number: SO - 039579
Date/Time: 2021/10/27 03:02
Beneficiary Bank Name: BANK OF CYPRUS PUBLIC COMPANY LIMITED

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/10/26	77 Arch. Makariou Av., Latsia	08:19	5512593	378372	SuperAdmin	mikel	3.20	0.02	3.18
		13:25	5516678	483435	SuperAdmin	mikel	2.40	0.01	2.39
		Total/Branch					5.60	0.03	5.57
	Total/Date						5.60	0.03	5.57
Total							5.60	0.03	5.57