



Number OF Transactions: 2
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 039579
Date/Time: 2021/10/27 03:02
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/10/26	25 March 44	07:19	5511402	787946	SuperAdmin	Admin	2.30	0.02	2.28
		17:38	5519145	947397	SuperAdmin	Admin	7.50	0.05	7.45
		Total/Branch					9.80	0.07	9.73
	Total/Date						9.80	0.07	9.73
Total							9.80	0.07	9.73