



Number OF Transactions: 2
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 559451
Date/Time: 2021/10/29 03:47
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/10/28	25 March 44	08:06	5541020	282688	SuperAdmin	Admin	3.00	0.02	2.98
		09:58	5541710	974574	SuperAdmin	Admin	4.90	0.03	4.87
		Total/Branch					7.90	0.05	7.85
	Total/Date						7.90	0.05	7.85
Total							7.90	0.05	7.85