



Number OF Transactions: 1
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 304227
Date/Time: 2021/11/03 03:05
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/11/02	25 March 44	09:25	5622419	497478	SuperAdmin	Admin	8.00	0.06	7.94
		Total/Branch					8.00	0.06	7.94
	Total/Date						8.00	0.06	7.94
Total							8.00	0.06	7.94