



Number OF Transactions: 1
 Beneficiary Name: QUALITAS MEDCARE LTD
 Beneficiary IBAN: CY84002001950000357029792173
 Payment Mode: Bank Transfer
 Commission Value: 0.00
 Reference Number: SO - 103290
 Date/Time: 2021/11/04 03:15
 Beneficiary Bank Name: BANK OF CYPRUS PUBLIC COMPANY LIMITED

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/11/03	77 Arch. Makariou Av., Latsia	11:25	5640760	638389	SuperAdmin	mikel	3.30	0.02	3.28
		Total/Branch					3.30	0.02	3.28
	Total/Date						3.30	0.02	3.28
Total							3.30	0.02	3.28