



Number OF Transactions: 3
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 959723
Date/Time: 2021/11/05 03:21
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/11/04	25 March 44	07:19	5651842	673267	SuperAdmin	Admin	2.30	0.02	2.28
		07:42	5651982	669568	SuperAdmin	Admin	2.00	0.01	1.99
		16:26	5658898	677844	SuperAdmin	Admin	2.80	0.02	2.78
		Total/Branch					7.10	0.05	7.05
	Total/Date						7.10	0.05	7.05
Total							7.10	0.05	7.05