



Number OF Transactions: 3
Beneficiary Name: QUALITAS MEDCARE LTD
Beneficiary IBAN: CY84002001950000357029792173
Payment Mode: Bank Transfer
Commission Value: 0.00
Reference Number: SO - 935639
Date/Time: 2021/11/10 03:17
Beneficiary Bank Name: BANK OF CYPRUS PUBLIC COMPANY LIMITED

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/11/09	77 Arch. Makariou Av., Latsia	20:10	5737023	362644	SuperAdmin	mikel	5.40	0.03	5.37
		20:11	5737036	328349	SuperAdmin	mikel	4.80	0.02	4.78
		20:13	5737064	875796	SuperAdmin	mikel	5.60	0.03	5.57
		Total/Branch					15.80	0.08	15.72
	Total/Date						15.80	0.08	15.72
Total							15.80	0.08	15.72