



Number OF Transactions: 2
 Beneficiary Name: STAROYLA DAMIANOY
 Beneficiary IBAN: CY09005003680003681087560101
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 752733
 Date/Time: 2021/11/12 03:09
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/11/11	25 March 44	07:24	5756633	559776	SuperAdmin	Admin	2.30	0.02	2.28
		08:00	5757169	967342	SuperAdmin	Admin	2.00	0.01	1.99
		Total/Branch					4.30	0.03	4.27
	Total/Date						4.30	0.03	4.27
Total							4.30	0.03	4.27