



Number OF Transactions: 2
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 923412
Date/Time: 2021/11/18 03:41
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/11/17	25 March 44	07:39	5842125	458745	SuperAdmin	Admin	4.00	0.03	3.97
		15:32	5848122	899927	SuperAdmin	Admin	5.80	0.04	5.76
		Total/Branch					9.80	0.07	9.73
	Total/Date						9.80	0.07	9.73
Total							9.80	0.07	9.73