



Number OF Transactions: 4
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 637074
Date/Time: 2021/11/24 03:08
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/11/23	25 March 44	07:25	5924558	678577	SuperAdmin	Admin	2.00	0.01	1.99
		10:36	5927816	782696	SuperAdmin	Admin	4.00	0.03	3.97
		18:06	5933072	579255	SuperAdmin	Admin	2.00	0.01	1.99
		18:30	5933398	862559	SuperAdmin	Admin	4.50	0.03	4.47
		Total/Branch					12.50	0.08	12.42
	Total/Date						12.50	0.08	12.42
Total							12.50	0.08	12.42