



Number OF Transactions: 3
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 428900
Date/Time: 2021/11/25 03:16
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/11/24	25 March 44	07:33	5939648	875796	SuperAdmin	Admin	2.00	0.01	1.99
		07:36	5939657	666434	SuperAdmin	Admin	2.00	0.01	1.99
		08:31	5940545	874555	SuperAdmin	Admin	2.00	0.01	1.99
		Total/Branch					6.00	0.03	5.97
	Total/Date						6.00	0.03	5.97
Total							6.00	0.03	5.97