



Number OF Transactions: 1
Beneficiary Name: MIDONLY LIMITED
Beneficiary IBAN: CY54005003730003730188712601
Payment Mode: Bank Transfer
Commission Value: 5.00
Reference Number: SO - 027009
Date/Time: 2021/12/07 03:49
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Fee	Net Amount
2021/12/03	KITI	21:59	6108850	682775	SuperAdmin	ADMIN	2.00	0.01	1.99
		Total/Branch					2.00	0.01	1.99
	Total/Date						2.00	0.01	1.99
Total							2.00	0.01	1.99