

Number OF Transactions: 3
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 210307
Date/Time: 2021/12/10 03:17
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/12/09	LEOF GRIVA DIGENI 47	13:24	6199453	378327	Cashier	cashier1	21.00	2.10	0.11	18.79
		13:25	6199468	533783	Cashier	cashier1	6.00	0.60	0.03	5.37
		14:39	6200341	872879	Cashier	cashier1	15.00	1.50	0.08	13.42
		Total/Branch					42.00	4.20	0.22	37.58
	Total/Date						42.00	4.20	0.22	37.58
Total							42.00	4.20	0.22	37.58