

Number OF Transactions: 3
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 617522
Date/Time: 2021/12/16 03:43
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/12/14	LEOF GRIVA DIGENI 47	17:46	6287363	256763	Cashier	cashier1	2.50	0.25	0.01	2.24
		Total/Branch					2.50	0.25	0.01	2.24
	Total/Date						2.50	0.25	0.01	2.24
2021/12/15	87, SPIROU KYPRIANOU AV.	17:48	6301160	286837	Cashier	cashier2	20.00	2.00	0.11	17.89
		17:50	6301193	397248	Cashier	cashier2	5.00	0.50	0.03	4.47
		Total/Branch					25.00	2.50	0.14	22.36
	Total/Date						25.00	2.50	0.14	22.36
Total							27.50	2.75	0.15	24.60