



Number OF Transactions: 3
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 537397
 Date/Time: 2021/12/21 04:00
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/12/17	Ifigenias 17 Limassol	12:24	6329381	244677	SuperAdmin	Admin	8.50	0.85	0.05	7.60
		Total/Branch					8.50	0.85	0.05	7.60
	Total/Date						8.50	0.85	0.05	7.60
2021/12/18	Ifigenias 17 Limassol	12:02	6345476	682696	SuperAdmin	Admin	2.50	0.25	0.01	2.24
		16:24	6349721	367857	SuperAdmin	Admin	5.00	0.50	0.03	4.47
		Total/Branch					7.50	0.75	0.04	6.71
	Total/Date						7.50	0.75	0.04	6.71
Total							16.00	1.60	0.09	14.31