

Number OF Transactions: 1
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 537397
Date/Time: 2021/12/21 04:04
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/12/18	LEOF GRIVA DIGENI 47	11:15	6344594	938864	Cashier	cashier1	10.00	1.00	0.05	8.95
		Total/Branch					10.00	1.00	0.05	8.95
	Total/Date						10.00	1.00	0.05	8.95
Total							10.00	1.00	0.05	8.95