



Number OF Transactions: 3
Beneficiary Name: GABELEN LIMITED
Beneficiary IBAN: CY40005002410002410185465201
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 453686
Date/Time: 2021/12/23 03:49
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/12/22	Ifigenias 17 Limassol	11:51	6410034	876827	SuperAdmin	Admin	5.00	0.50	0.03	4.47
		12:02	6410185	323799	SuperAdmin	Admin	7.00	0.70	0.04	6.26
		12:04	6410229	387248	SuperAdmin	Admin	0.50	0.05	0.01	0.44
		Total/Branch					12.50	1.25	0.08	11.17
	Total/Date						12.50	1.25	0.08	11.17
Total							12.50	1.25	0.08	11.17