



Number OF Transactions: 1
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 502795
 Date/Time: 2021/12/29 03:19
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/12/28	17 Ifigenias St., 3036	11:37	6503911	457635	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		Total/Branch					2.00	0.20	0.01	1.79
	Total/Date						2.00	0.20	0.01	1.79
Total							2.00	0.20	0.01	1.79