



Number OF Transactions: 2
Beneficiary Name: GABELEN LIMITED
Beneficiary IBAN: CY40005002410002410185465201
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 416585
Date/Time: 2022/01/05 03:59
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2022/01/04	17 Ifigenias St., 3036	14:00	6617526	534444	SuperAdmin	Admin	10.00	1.00	0.05	8.95
		14:05	6617585	336456	SuperAdmin	Admin	10.50	1.05	0.06	9.39
		Total/Branch					20.50	2.05	0.11	18.34
	Total/Date						20.50	2.05	0.11	18.34
Total							20.50	2.05	0.11	18.34