



Number OF Transactions: 3
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number:
 Date/Time: 2022/02/01
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2022/01/19	12 A, Ifigenias st., 3036 Akrotiri	13:31	6848319	839683	SuperAdmin	Admin	7.00	0.70	0.04	6.26
		Total/Branch					7.00	0.70	0.04	6.26
		Total/Date					7.00	0.70	0.04	6.26
2022/01/21	12 A, Ifigenias st., 3036 Akrotiri	13:55	6878917	668847	SuperAdmin	Admin	5.00	0.50	0.03	4.47
		Total/Branch					5.00	0.50	0.03	4.47
		Total/Date					5.00	0.50	0.03	4.47
2022/01/25	12 A, Ifigenias st., 3036 Akrotiri	20:00	6943192	932446	SuperAdmin	Admin	7.00	0.70	0.04	6.26
		Total/Branch					7.00	0.70	0.04	6.26
		Total/Date					7.00	0.70	0.04	6.26

Merchant Standing Order Payment Report

Total							19.00	1.90	0.11	16.99
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