



Number OF Transactions: 1
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 643869
 Date/Time: 2022/02/01 03:53
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2022/01/30	12 A, Ifigenias st., 3036 Akrotiri	18:21	7026582	385745	SuperAdmin	Admin	7.20	0.72	0.04	6.44
		Total/Branch					7.20	0.72	0.04	6.44
	Total/Date						7.20	0.72	0.04	6.44
Total							7.20	0.72	0.04	6.44