



Number OF Transactions: 1
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 809151
 Date/Time: 2022/02/04 03:45
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2022/02/03	12 A, Ifigenias st., 3036 Akrotiri	12:27	7104675	674489	SuperAdmin	Admin	7.50	0.75	0.04	6.71
		Total/Branch					7.50	0.75	0.04	6.71
	Total/Date						7.50	0.75	0.04	6.71
Total							7.50	0.75	0.04	6.71