


SO Payment Details

Payment Mode : Bank Transfer
Beneficiary Name : GABELEN LIMITED
Beneficiary Bank Name : HELLENIC BANK PUBLIC COMPANY LTD
Beneficiary IBAN : CY40005002410002410185465201
Date/Time : 2020/12/10 03:49
Reference Number : SO - 437351
Number Of Transactions : 1
Commission Value: 10.00%
Rate: 0.60%

Date	Branch	Time	Merchant User Type	Merchant User	TranID	Amount (€)	Tips (€)	Commission	Fee	Net Amount
2020/12/09	Ifigenias 12 A Lemassol	12:35	SuperAdmin	Admin	1541078	17.00	0.00	1.70	0.09	15.21
		Total/Branch				17.00	0.00	1.70	0.09	15.21
	Total/Date					17.00	0.00	1.70	0.09	15.21
Total						17.00	0.00	1.70	0.09	15.21