

SO Payment Details

Payment Mode : Bank Transfer
Beneficiary Name : Anthirs Protasis
Beneficiary Bank Name : HELLENIC BANK PUBLIC COMPANY LTD
Beneficiary IBAN : CY200050031400031401A6310901
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	LEOF GRIVA DIGENI 47	12:29	SuperAdmin	Admin	1541020	15.00	0.00	1.50	0.08	13.42
		Total/Branch				15.00	0.00	1.50	0.08	13.42
		Total/Date				15.00	0.00	1.50	0.08	13.42
Total						15.00	0.00	1.50	0.08	13.42