

SO Payment Details

Payment Mode : Bank Transfer
Beneficiary Name : Anthirs Protasis
Beneficiary Bank Name : HELLENIC BANK PUBLIC COMPANY LTD
Beneficiary IBAN : CY200050031400031401A6310901
Date/Time : 2020/12/15 03:53
Reference Number : SO - 617731
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
2020/12/14	LEOF GRIVA DIGENI 47	14:06	SuperAdmin	Admin	1586382	10.00	0.00	1.00	0.05	8.95
		Total/Branch				10.00	0.00	1.00	0.05	8.95
	Total/Date					10.00	0.00	1.00	0.05	8.95
Total						10.00	0.00	1.00	0.05	8.95