


SO Payment Details

Payment Mode : Bank Transfer
Beneficiary Name : GABELEN LIMITED
Beneficiary Bank Name : HELLENIC BANK PUBLIC COMPANY LTD
Beneficiary IBAN : CY40005002410002410185465201
Date/Time : 2020/12/21 03:44
Reference Number : SO - 530147
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
2020/12/18	Ifigenias 12 A Lemassol	13:37	SuperAdmin	Admin	1621745	13.50	0.00	1.35	0.07	12.08
		Total/Branch				13.50	0.00	1.35	0.07	12.08
	Total/Date					13.50	0.00	1.35	0.07	12.08
Total						13.50	0.00	1.35	0.07	12.08