

SO Payment Details

Payment Mode : Bank Transfer
Beneficiary Name : Anthirs Protasis
Beneficiary Bank Name : HELLENIC BANK PUBLIC COMPANY LTD
Beneficiary IBAN : CY200050031400031401A6310901
Date/Time : 2020/12/29 04:07
Reference Number : SO - 852745
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
2020/12/28	LEOF GRIVA DIGENI 47	15:58	SuperAdmin	Admin	1712454	20.00	0.00	2.00	0.11	17.89
		Total/Branch				20.00	0.00	2.00	0.11	17.89
		Total/Date				20.00	0.00	2.00	0.11	17.89
Total						20.00	0.00	2.00	0.11	17.89