

SO Payment Details

Payment Mode : Bank Transfer
Beneficiary Name : GABELEN LIMITED
Beneficiary Bank Name : HELLENIC BANK PUBLIC COMPANY LTD
Beneficiary IBAN : CY40005002410002410185465201
Date/Time : 2020/12/31 03:28
Reference Number : SO - 428265
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
2020/12/30	Ifigenias 17 Limassol	09:12	SuperAdmin	Admin	1729655	5.00	0.00	0.50	0.03	4.47
		Total/Branch				5.00	0.00	0.50	0.03	4.47
		Total/Date				5.00	0.00	0.50	0.03	4.47
Total						5.00	0.00	0.50	0.03	4.47