

SO Payment Details

Payment Mode : Bank Transfer
Beneficiary Name : SLIMLINE GYM CO LTD
Beneficiary Bank Name : HELLENIC BANK PUBLIC COMPANY LTD
Beneficiary IBAN : CY530050035800035801A6496401
Date/Time : 2020/12/31 03:35
Reference Number : SO - 428265
Number Of Transactions : 2
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	Charalampou Patsidi 29	18:18	SuperAdmin	Admin	1735835	65.00	0.00	6.50	0.35	58.15
		18:23	SuperAdmin	Admin	1735889	70.00	0.00	7.00	0.38	62.62
		Total/Branch				135.00	0.00	13.50	0.73	120.77
	Total/Date					135.00	0.00	13.50	0.73	120.77
Total						135.00	0.00	13.50	0.73	120.77