

SO Payment Details

Payment Mode : Bank Transfer
Beneficiary Name : GABELEN LIMITED
Beneficiary Bank Name : HELLENIC BANK PUBLIC COMPANY LTD
Beneficiary IBAN : CY40005002410002410185465201
Date/Time : 2021/01/04 04:03
Reference Number : SO - 024258
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
2021/01/03	Ifigenias 17 Limassol	14:39	SuperAdmin	Admin	1764622	7.50	0.00	0.75	0.04	6.71
		Total/Branch				7.50	0.00	0.75	0.04	6.71
		Total/Date				7.50	0.00	0.75	0.04	6.71
Total						7.50	0.00	0.75	0.04	6.71