


SO Payment Details

Payment Mode : Bank Transfer
Beneficiary Name : GABELEN LIMITED
Beneficiary Bank Name : HELLENIC BANK PUBLIC COMPANY LTD
Beneficiary IBAN : CY40005002410002410185465201
Date/Time : 2021/01/20 03:55
Reference Number : SO - 159424
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
2021/01/19	Ifigenias 12 A Lemassol	12:19	SuperAdmin	Admin	1898361	9.50	0.00	0.95	0.05	8.50
		13:29	SuperAdmin	Admin	1898767	8.70	0.00	0.87	0.05	7.78
		Total/Branch				18.20	0.00	1.82	0.10	16.28
	Total/Date					18.20	0.00	1.82	0.10	16.28
Total						18.20	0.00	1.82	0.10	16.28