


SO Payment Details

Payment Mode : Bank Transfer
Beneficiary Name : GABELEN LIMITED
Beneficiary Bank Name : HELLENIC BANK PUBLIC COMPANY LTD
Beneficiary IBAN : CY40005002410002410185465201
Date/Time : 2021/02/01 03:23
Reference Number : SO - 035529
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
2021/01/30	Ifigenias 12 A Lemassol	18:04	SuperAdmin	Admin	1990005	15.50	0.00	1.55	0.08	13.87
		Total/Branch				15.50	0.00	1.55	0.08	13.87
	Total/Date					15.50	0.00	1.55	0.08	13.87
Total						15.50	0.00	1.55	0.08	13.87