

SO Payment Details

Payment Mode : Bank Transfer
Beneficiary Name : Anthirs Protasis
Beneficiary Bank Name : HELLENIC BANK PUBLIC COMPANY LTD
Beneficiary IBAN : CY200050031400031401A6310901
Date/Time : 2021/02/01 03:26
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
2021/01/31	LEOF GRIVA DIGENI 47	15:59	SuperAdmin	Admin	1997350	45.00	0.00	4.50	0.24	40.26
		Total/Branch				45.00	0.00	4.50	0.24	40.26
	Total/Date					45.00	0.00	4.50	0.24	40.26
Total						45.00	0.00	4.50	0.24	40.26