

SO Payment Details

Payment Mode : Bank Transfer
Beneficiary Name : GABELEN LIMITED
Beneficiary Bank Name : HELLENIC BANK PUBLIC COMPANY LTD
Beneficiary IBAN : CY40005002410002410185465201
Date/Time : 2021/02/03 03:47
Reference Number : SO - 110564
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
2021/02/02	Ifigenias 17 Limassol	13:26	SuperAdmin	Admin	2017580	3.00	0.00	0.30	0.02	2.68
		Total/Branch				3.00	0.00	0.30	0.02	2.68
		Total/Date				3.00	0.00	0.30	0.02	2.68
Total						3.00	0.00	0.30	0.02	2.68