


SO Payment Details

Payment Mode : Bank Transfer
Beneficiary Name : GABELEN LIMITED
Beneficiary Bank Name : HELLENIC BANK PUBLIC COMPANY LTD
Beneficiary IBAN : CY40005002410002410185465201
Date/Time : 2021/02/04 04:05
Reference Number : SO - 306079
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
2021/02/03	Ifigenias 12 A Lemassol	18:32	SuperAdmin	Admin	2030272	6.00	0.00	0.60	0.03	5.37
		Total/Branch				6.00	0.00	0.60	0.03	5.37
	Total/Date					6.00	0.00	0.60	0.03	5.37
Total						6.00	0.00	0.60	0.03	5.37