



Number OF Transactions: 2
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 024168
 Date/Time: 2021/02/17 03:36
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/02/16	Ifigenias 12 A Lemassol	13:04	2166038	975956	SuperAdmin	Admin	5.00	0.50	0.03	4.47
		14:08	2166599	297398	SuperAdmin	Admin	11.00	1.10	0.06	9.84
		Total/Branch					16.00	1.60	0.09	14.31
	Total/Date						16.00	1.60	0.09	14.31
Total							16.00	1.60	0.09	14.31