



Number OF Transactions: 1
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 145039
 Date/Time: 2021/02/18 03:48
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/02/17	Ifigenias 12 A Lemassol	14:08	2177801	386366	SuperAdmin	Admin	9.50	0.95	0.05	8.50
		Total/Branch					9.50	0.95	0.05	8.50
	Total/Date						9.50	0.95	0.05	8.50
Total							9.50	0.95	0.05	8.50