



Number OF Transactions: 1
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 731936
 Date/Time: 2021/02/22 03:17
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/02/19	Ifigenias 12 A Lemassol	18:16	2201064	593584	SuperAdmin	Admin	23.50	2.35	0.13	21.02
		Total/Branch					23.50	2.35	0.13	21.02
	Total/Date						23.50	2.35	0.13	21.02
Total							23.50	2.35	0.13	21.02