

Number OF Transactions: 1
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 905875
Date/Time: 2021/02/25 04:07
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/02/24	LEOF GRIVA DIGENI 47	13:43	2253538	684729	SuperAdmin	Admin	12.00	1.20	0.06	10.74
		Total/Branch					12.00	1.20	0.06	10.74
	Total/Date						12.00	1.20	0.06	10.74
Total							12.00	1.20	0.06	10.74