



Number OF Transactions: 1
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 636507
 Date/Time: 2021/02/26 03:59
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/02/25	Ifigenias 12 A Lemassol	20:42	2269532	578794	SuperAdmin	Admin	9.00	0.90	0.05	8.05
		Total/Branch					9.00	0.90	0.05	8.05
	Total/Date						9.00	0.90	0.05	8.05
Total							9.00	0.90	0.05	8.05