

Number OF Transactions: 2
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 136805
Date/Time: 2021/03/01 03:15
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/02/26	LEOF GRIVA DIGENI 47	11:21	2274879	232466	SuperAdmin	Admin	20.00	2.00	0.11	17.89
		12:16	2275439	493565	SuperAdmin	Admin	28.00	2.80	0.15	25.05
		Total/Branch					48.00	4.80	0.26	42.94
	Total/Date						48.00	4.80	0.26	42.94
Total							48.00	4.80	0.26	42.94