Merchant Standing Order Payment Report

Number OF Transactions: 2
Beneficiary Name: GABELEN LIMITED
Beneficiary IBAN: CY40005002410002410185465201
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 528589
Date/Time: 2021/03/02 03:10
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/02/27	Ifigenias 12 A Lemassol	13:56	2289880	767675	SuperAdmin	Admin	8.00	0.80	0.04	7.16
		Total/Branch					8.00	0.80	0.04	7.16
	Total/Date						8.00	0.80	0.04	7.16
2021/03/01	Ifigenias 12 A Lemassol	20:34	2320365	946254	SuperAdmin	Admin	6.00	0.60	0.03	5.37
		Total/Branch					6.00	0.60	0.03	5.37
	Total/Date						6.00	0.60	0.03	5.37
Total							14.00	1.40	0.07	12.53

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