



Number OF Transactions: 1
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 416049
 Date/Time: 2021/03/08 03:32
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/03/05	Ifigenias 12 A Lemassol	19:46	2379792	683676	SuperAdmin	Admin	28.00	2.80	0.15	25.05
		Total/Branch					28.00	2.80	0.15	25.05
	Total/Date						28.00	2.80	0.15	25.05
Total							28.00	2.80	0.15	25.05