



Number OF Transactions: 3
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 637284
 Date/Time: 2021/03/15 04:05
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/03/13	Ifigenias 12 A Lemassol	12:29	2479584	459436	SuperAdmin	Admin	11.50	1.15	0.06	10.29
		14:15	2481290	555532	SuperAdmin	Admin	9.50	0.95	0.05	8.50
		19:16	2484948	483583	SuperAdmin	Admin	7.50	0.75	0.04	6.71
		Total/Branch					28.50	2.85	0.15	25.50
	Total/Date						28.50	2.85	0.15	25.50
Total							28.50	2.85	0.15	25.50