

Number OF Transactions: 3
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 637284
Date/Time: 2021/03/15 03:52
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/03/12	LEOF GRIVA DIGENI 47	11:25	2466075	834997	SuperAdmin	Admin	39.00	3.90	0.21	34.89
		11:43	2466272	833426	SuperAdmin	Admin	20.00	2.00	0.11	17.89
		Total/Branch					59.00	5.90	0.32	52.78
	Total/Date						59.00	5.90	0.32	52.78
2021/03/13	LEOF GRIVA DIGENI 47	17:42	2483671	895685	SuperAdmin	Admin	15.00	1.50	0.08	13.42
		Total/Branch					15.00	1.50	0.08	13.42
	Total/Date						15.00	1.50	0.08	13.42
Total							74.00	7.40	0.40	66.20