



Number OF Transactions: 2
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 557572
 Date/Time: 2021/03/18 03:44
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/03/17	Ifigenias 12 A Lemassol	12:21	2527570	573825	SuperAdmin	Admin	20.50	2.05	0.11	18.34
		13:31	2528335	724687	SuperAdmin	Admin	12.00	1.20	0.06	10.74
		Total/Branch					32.50	3.25	0.17	29.08
	Total/Date						32.50	3.25	0.17	29.08
Total							32.50	3.25	0.17	29.08