Merchant Standing Order Payment Report

Number OF Transactions: 1
Beneficiary Name: GABELEN LIMITED
Beneficiary IBAN: CY40005002410002410185465201
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 214517
Date/Time: 2021/03/19 03:55
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/03/18	Ifigenias 17 Limassol	08:20	2538060	696353	SuperAdmin	Admin	1.50	0.15	0.01	1.34
		Total/Branch					1.50	0.15	0.01	1.34
	Total/Date						1.50	0.15	0.01	1.34
Total							1.50	0.15	0.01	1.34

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