



Number OF Transactions: 1
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 818198
 Date/Time: 2021/03/22 03:18
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/03/19	Ifigenias 12 A Lemassol	14:00	2554771	953245	SuperAdmin	Admin	16.70	1.67	0.09	14.94
		Total/Branch					16.70	1.67	0.09	14.94
	Total/Date						16.70	1.67	0.09	14.94
Total							16.70	1.67	0.09	14.94