



Number OF Transactions: 1
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 416422
 Date/Time: 2021/03/29 03:36
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/03/26	Ifigenias 17 Limassol	15:08	2640980	293468	SuperAdmin	Admin	11.00	1.10	0.06	9.84
		Total/Branch					11.00	1.10	0.06	9.84
	Total/Date						11.00	1.10	0.06	9.84
Total							11.00	1.10	0.06	9.84