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 - 230567
Date/Time: 2021/03/30 04:00
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/03/29	Ifigenias 12 A Lemassol	13:00	2677459	734456	SuperAdmin	Admin	6.00	0.60	0.03	5.37
		Total/Branch					6.00	0.60	0.03	5.37
	Total/Date						6.00	0.60	0.03	5.37
Total							6.00	0.60	0.03	5.37

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