

Number OF Transactions: 1
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 230567
Date/Time: 2021/03/30 04:01
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	LEOF GRIVA DIGENI 47	14:26	2678335	666434	SuperAdmin	Admin	50.00	5.00	0.27	44.73
		Total/Branch					50.00	5.00	0.27	44.73
	Total/Date						50.00	5.00	0.27	44.73
Total							50.00	5.00	0.27	44.73