



Number OF Transactions: 2
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 812630
 Date/Time: 2021/03/31 03:17
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/03/30	Ifigenias 12 A Lemassol	13:26	2689951	944736	SuperAdmin	Admin	5.00	0.50	0.03	4.47
		15:11	2691139	679558	SuperAdmin	Admin	10.50	1.05	0.06	9.39
		Total/Branch					15.50	1.55	0.09	13.86
	Total/Date						15.50	1.55	0.09	13.86
Total							15.50	1.55	0.09	13.86