

Number OF Transactions: 1
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 812630
Date/Time: 2021/03/31 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
2021/03/30	LEOF GRIVA DIGENI 47	13:57	2690334	638389	SuperAdmin	Admin	32.00	3.20	0.17	28.63
		Total/Branch					32.00	3.20	0.17	28.63
	Total/Date						32.00	3.20	0.17	28.63
Total							32.00	3.20	0.17	28.63