

Number OF Transactions: 1
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 703769
Date/Time: 2021/04/08 03:20
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/04/07	LEOF GRIVA DIGENI 47	19:40	2817608	356738	SuperAdmin	Admin	15.00	1.50	0.08	13.42
		Total/Branch					15.00	1.50	0.08	13.42
	Total/Date						15.00	1.50	0.08	13.42
Total							15.00	1.50	0.08	13.42