



Number OF Transactions: 1
Beneficiary Name: SLIMLINE GYM CO LTD
Beneficiary IBAN: CY530050035800035801A6496401
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 703769
Date/Time: 2021/04/08 03:19
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	Charalampou Patsidi 29	16:11	2814999	678724	SuperAdmin	Admin	85.00	8.50	0.46	76.04
		Total/Branch					85.00	8.50	0.46	76.04
	Total/Date						85.00	8.50	0.46	76.04
Total							85.00	8.50	0.46	76.04