



Number OF Transactions: 1
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 531188
 Date/Time: 2021/04/12 03:27
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/04/09	Ifigenias 12 A Lemassol	12:44	2843307	876897	SuperAdmin	Admin	14.50	1.45	0.08	12.97
		Total/Branch					14.50	1.45	0.08	12.97
	Total/Date						14.50	1.45	0.08	12.97
Total							14.50	1.45	0.08	12.97