

Number OF Transactions: 2
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 017831
Date/Time: 2021/04/13 03:32
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/04/12	LEOF GRIVA DIGENI 47	11:59	2887595	643483	SuperAdmin	Admin	20.00	2.00	0.11	17.89
		12:02	2887613	357547	SuperAdmin	Admin	15.00	1.50	0.08	13.42
		Total/Branch					35.00	3.50	0.19	31.31
	Total/Date						35.00	3.50	0.19	31.31
Total							35.00	3.50	0.19	31.31