



Number OF Transactions: 1
Beneficiary Name: GABELEN LIMITED
Beneficiary IBAN: CY40005002410002410185465201
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 726138
Date/Time: 2021/04/15 03:39
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/04/14	Ifigenias 17 Limassol	13:10	2917478	439352	SuperAdmin	Admin	6.00	0.60	0.03	5.37
		Total/Branch					6.00	0.60	0.03	5.37
	Total/Date						6.00	0.60	0.03	5.37
Total							6.00	0.60	0.03	5.37