

Number OF Transactions: 3
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 528523
Date/Time: 2021/04/19 03:48
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/04/16	LEOF GRIVA DIGENI 47	17:44	2949116	595486	SuperAdmin	Admin	9.00	0.90	0.05	8.05
		17:59	2949266	835843	SuperAdmin	Admin	13.85	1.39	0.07	12.39
		Total/Branch					22.85	2.29	0.12	20.44
	Total/Date						22.85	2.29	0.12	20.44
2021/04/17	LEOF GRIVA DIGENI 47	15:44	2964247	453386	SuperAdmin	Admin	4.50	0.45	0.02	4.03
		Total/Branch					4.50	0.45	0.02	4.03
	Total/Date						4.50	0.45	0.02	4.03
Total							27.35	2.74	0.14	24.47