



Number OF Transactions: 1
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 243970
 Date/Time: 2021/04/20 03:55
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/04/19	Ifigenias 17 Limassol	18:53	2995035	763838	SuperAdmin	Admin	7.00	0.70	0.04	6.26
		Total/Branch					7.00	0.70	0.04	6.26
	Total/Date						7.00	0.70	0.04	6.26
Total							7.00	0.70	0.04	6.26