



Number OF Transactions: 1
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 638012
 Date/Time: 2021/04/23 03:31
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/04/22	Ifigenias 12 A Lemassol	18:54	3040367	454683	SuperAdmin	Admin	8.00	0.80	0.04	7.16
		Total/Branch					8.00	0.80	0.04	7.16
	Total/Date						8.00	0.80	0.04	7.16
Total							8.00	0.80	0.04	7.16