



Number OF Transactions: 2
Beneficiary Name: GABELEN LIMITED
Beneficiary IBAN: CY40005002410002410185465201
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 248984
Date/Time: 2021/04/26 03:36
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/04/23	Ifigenias 12 A Lemassol	20:51	3057334	837845	SuperAdmin	Admin	7.00	0.70	0.04	6.26
		21:46	3058254	824837	SuperAdmin	Admin	13.00	1.30	0.07	11.63
		Total/Branch					20.00	2.00	0.11	17.89
	Total/Date						20.00	2.00	0.11	17.89
Total							20.00	2.00	0.11	17.89