

Number OF Transactions: 1
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 241085
Date/Time: 2021/04/28 03:45
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/04/27	LEOF GRIVA DIGENI 47	18:28	3116710	799925	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							4.50	0.45	0.02	4.03