



Number OF Transactions: 1
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 613937
 Date/Time: 2021/04/29 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
2021/04/28	Ifigenias 17 Limassol	18:46	3132032	453387	SuperAdmin	Admin	6.50	0.65	0.04	5.81
		Total/Branch					6.50	0.65	0.04	5.81
	Total/Date						6.50	0.65	0.04	5.81
Total							6.50	0.65	0.04	5.81