

Number OF Transactions: 3
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 434412
Date/Time: 2021/05/06 03:57
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/04/30	LEOF GRIVA DIGENI 47	13:07	3159129	367874	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
2021/05/04	LEOF GRIVA DIGENI 47	11:59	3194643	454888	SuperAdmin	Admin	80.00	8.00	0.43	71.57
		12:41	3195140	687333	SuperAdmin	Admin	25.00	2.50	0.14	22.36
		Total/Branch					105.00	10.50	0.57	93.93
		Total/Date					105.00	10.50	0.57	93.93
Total							109.50	10.95	0.59	97.96