

Number OF Transactions: 2
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 036272
Date/Time: 2021/05/07 04:02
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/05/06	LEOF GRIVA DIGENI 47	10:11	3221011	839644	SuperAdmin	Admin	20.00	2.00	0.11	17.89
		10:12	3221023	323742	SuperAdmin	Admin	10.00	1.00	0.05	8.95
		Total/Branch					30.00	3.00	0.16	26.84
	Total/Date						30.00	3.00	0.16	26.84
Total							30.00	3.00	0.16	26.84