

Number OF Transactions: 3
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 521876
Date/Time: 2021/05/10 03:19
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/05/09	LEOF GRIVA DIGENI 47	11:16	3273803	469576	SuperAdmin	Admin	35.00	3.50	0.19	31.31
		17:09	3277467	746347	SuperAdmin	Admin	75.00	7.50	0.40	67.10
		18:08	3278113	357355	SuperAdmin	Admin	40.00	4.00	0.22	35.78
		Total/Branch					150.00	15.00	0.81	134.19
	Total/Date						150.00	15.00	0.81	134.19
Total							150.00	15.00	0.81	134.19