



Number OF Transactions: 1
Beneficiary Name: SLIMLINE GYM CO LTD
Beneficiary IBAN: CY530050035800035801A6496401
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 011522
Date/Time: 2021/05/11 03:23
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/05/10	Charalampou Patsidi 29	15:57	3290975	835588	SuperAdmin	Admin	65.00	6.50	0.35	58.15
		Total/Branch					65.00	6.50	0.35	58.15
	Total/Date						65.00	6.50	0.35	58.15
Total							65.00	6.50	0.35	58.15