



Number OF Transactions: 1
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 431531
 Date/Time: 2021/05/12 03:26
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/05/11	Ifigenias 17 Limassol	10:05	3302238	635555	SuperAdmin	Admin	2.50	0.25	0.01	2.24
		Total/Branch					2.50	0.25	0.01	2.24
	Total/Date						2.50	0.25	0.01	2.24
Total							2.50	0.25	0.01	2.24