



**Number OF Transactions:** 1  
**Beneficiary Name:** GABELEN LIMITED  
**Beneficiary IBAN:** CY40005002410002410185465201  
**Payment Mode:** Bank Transfer  
**Commission Value:** 10.00  
**Reference Number:** SO - 329599  
**Date/Time:** 2021/05/14 03:37  
**Beneficiary Bank Name:** HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/05/13	Ifigenias 12 A Lemassol	19:50	3340978	848478	SuperAdmin	Admin	11.79	1.18	0.06	10.55
		<b>Total/Branch</b>					11.79	1.18	0.06	10.55
	<b>Total/Date</b>						11.79	1.18	0.06	10.55
<b>Total</b>							11.79	1.18	0.06	10.55