

Number OF Transactions: 2
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 054097
Date/Time: 2021/05/24 03:53
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/05/21	LEOF GRIVA DIGENI 47	15:02	3474771	476383	SuperAdmin	Admin	23.00	2.30	0.12	20.58
		Total/Branch					23.00	2.30	0.12	20.58
	Total/Date						23.00	2.30	0.12	20.58
2021/05/23	LEOF GRIVA DIGENI 47	15:10	3502694	767475	SuperAdmin	Admin	4.00	0.40	0.02	3.58
		Total/Branch					4.00	0.40	0.02	3.58
	Total/Date						4.00	0.40	0.02	3.58
Total							27.00	2.70	0.14	24.16