Merchant Standing Order Payment Report

Number OF Transactions: 1
Beneficiary Name: GABELEN LIMITED
Beneficiary IBAN: CY40005002410002410185465201
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 417774
Date/Time: 2021/05/26 03:17
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/05/25	Ifigenias 12 A Lemassol	14:46	3537496	666664	SuperAdmin	Admin	8.00	0.80	0.04	7.16
		Total/Branch					8.00	0.80	0.04	7.16
	Total/Date						8.00	0.80	0.04	7.16
Total							8.00	0.80	0.04	7.16

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