



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 17 Limassol	14:49	3537534	785883	SuperAdmin	Admin	3.00	0.30	0.02	2.68
		Total/Branch					3.00	0.30	0.02	2.68
	Total/Date						3.00	0.30	0.02	2.68
Total							3.00	0.30	0.02	2.68