

Number OF Transactions: 1
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 417774
Date/Time: 2021/05/26 03:16
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	LEOF GRIVA DIGENI 47	10:42	3534090	685549	SuperAdmin	Admin	20.00	2.00	0.11	17.89
		Total/Branch					20.00	2.00	0.11	17.89
	Total/Date						20.00	2.00	0.11	17.89
Total							20.00	2.00	0.11	17.89