

Number OF Transactions: 1
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 843884
Date/Time: 2021/05/27 03:22
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/05/26	LEOF GRIVA DIGENI 47	16:30	3554474	789337	SuperAdmin	Admin	45.00	4.50	0.24	40.26
		Total/Branch					45.00	4.50	0.24	40.26
	Total/Date						45.00	4.50	0.24	40.26
Total							45.00	4.50	0.24	40.26