



Number OF Transactions: 1
Beneficiary Name: SLIMLINE GYM CO LTD
Beneficiary IBAN: CY530050035800035801A6496401
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 909445
Date/Time: 2021/06/04 03:44
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/06/03	Charalampou Patsidi 29	19:08	3686584	678366	SuperAdmin	Admin	29.00	2.90	0.16	25.94
		Total/Branch					29.00	2.90	0.16	25.94
	Total/Date						29.00	2.90	0.16	25.94
Total							29.00	2.90	0.16	25.94