

Number OF Transactions: 1
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 921599
Date/Time: 2021/06/10 03:31
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/06/09	LEOF GRIVA DIGENI 47	10:23	3758481	344369	SuperAdmin	Admin	30.00	3.00	0.16	26.84
		Total/Branch					30.00	3.00	0.16	26.84
	Total/Date						30.00	3.00	0.16	26.84
Total							30.00	3.00	0.16	26.84