



Number OF Transactions: 1
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 944735
 Date/Time: 2021/06/23 03:52
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/06/19	Ifigenias 12 A Lemassol	21:54	3892398	995353	SuperAdmin	Admin	5.50	0.55	0.03	4.92
		Total/Branch					5.50	0.55	0.03	4.92
	Total/Date						5.50	0.55	0.03	4.92
Total							5.50	0.55	0.03	4.92