



Number OF Transactions: 1  
 Beneficiary Name: GABELEN LIMITED  
 Beneficiary IBAN: CY40005002410002410185465201  
 Payment Mode: Bank Transfer  
 Commission Value: 10.00  
 Reference Number: SO - 506318  
 Date/Time: 2021/06/25 03:07  
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

| Date       | Branch                  | Time         | TranID  | Order ID | Merchant User Type | Merchant User | Amount | Commission | Fee  | Net Amount |
|------------|-------------------------|--------------|---------|----------|--------------------|---------------|--------|------------|------|------------|
| 2021/06/24 | Ifigenias 12 A Lemassol | 13:12        | 3944026 | 575867   | SuperAdmin         | Admin         | 12.00  | 1.20       | 0.06 | 10.74      |
|            |                         | Total/Branch |         |          |                    |               | 12.00  | 1.20       | 0.06 | 10.74      |
|            | Total/Date              |              |         |          |                    |               | 12.00  | 1.20       | 0.06 | 10.74      |
| Total      |                         |              |         |          |                    |               | 12.00  | 1.20       | 0.06 | 10.74      |