



Number OF Transactions: 2
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 625832
 Date/Time: 2021/06/29 03:59
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/06/25	Ifigenias 12 A Lemassol	13:44	3956671	654675	SuperAdmin	Admin	5.00	0.50	0.03	4.47
		14:00	3956843	535347	SuperAdmin	Admin	17.00	1.70	0.09	15.21
		Total/Branch					22.00	2.20	0.12	19.68
	Total/Date						22.00	2.20	0.12	19.68
Total							22.00	2.20	0.12	19.68