

Number OF Transactions: 2
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 326891
Date/Time: 2021/06/30 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
2021/06/29	LEOF GRIVA DIGENI 47	15:22	4007946	595586	SuperAdmin	Admin	24.00	2.40	0.13	21.47
		19:10	4010511	737724	SuperAdmin	Admin	25.00	2.50	0.14	22.36
		Total/Branch					49.00	4.90	0.27	43.83
	Total/Date						49.00	4.90	0.27	43.83
Total							49.00	4.90	0.27	43.83