

Number OF Transactions: 2
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 237669
Date/Time: 2021/07/09 03:34
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/07/08	LEOF GRIVA DIGENI 47	09:51	4127669	556434	SuperAdmin	Admin	25.00	2.50	0.14	22.36
		16:05	4131261	846857	SuperAdmin	Admin	6.30	0.63	0.03	5.64
		Total/Branch					31.30	3.13	0.17	28.00
	Total/Date						31.30	3.13	0.17	28.00
Total							31.30	3.13	0.17	28.00