

Number OF Transactions: 2
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 821190
Date/Time: 2021/07/13 03:41
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/07/09	LEOF GRIVA DIGENI 47	12:27	4142858	562736	SuperAdmin	Admin	21.50	2.15	0.12	19.23
		Total/Branch					21.50	2.15	0.12	19.23
	Total/Date						21.50	2.15	0.12	19.23
2021/07/12	LEOF GRIVA DIGENI 47	18:21	4180383	389533	SuperAdmin	Admin	125.00	12.50	0.68	111.82
		Total/Branch					125.00	12.50	0.68	111.82
	Total/Date						125.00	12.50	0.68	111.82
Total							146.50	14.65	0.80	131.05