

Number OF Transactions: 3
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 404261
Date/Time: 2021/07/14 03:16
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/07/13	LEOF GRIVA DIGENI 47	10:03	4191451	879469	SuperAdmin	Admin	5.50	0.55	0.03	4.92
		12:59	4194153	855356	SuperAdmin	Admin	5.50	0.55	0.03	4.92
		13:00	4194170	445393	SuperAdmin	Admin	29.50	2.95	0.16	26.39
		Total/Branch					40.50	4.05	0.22	36.23
	Total/Date						40.50	4.05	0.22	36.23
Total							40.50	4.05	0.22	36.23