



Number OF Transactions: 1
Beneficiary Name: SLIMLINE GYM CO LTD
Beneficiary IBAN: CY530050035800035801A6496401
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 854467
Date/Time: 2021/07/15 03:20
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/07/14	Charalampou Patsidi 29	08:10	4204069	774849	SuperAdmin	Admin	70.00	7.00	0.38	62.62
		Total/Branch					70.00	7.00	0.38	62.62
	Total/Date						70.00	7.00	0.38	62.62
Total							70.00	7.00	0.38	62.62