

Number OF Transactions: 1
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 400612
Date/Time: 2021/07/16 03:28
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/07/15	LEOF GRIVA DIGENI 47	19:20	4224004	335665	SuperAdmin	Admin	16.90	1.69	0.09	15.12
		Total/Branch					16.90	1.69	0.09	15.12
	Total/Date						16.90	1.69	0.09	15.12
Total							16.90	1.69	0.09	15.12