


SO Payment Details

Payment Mode : Bank Transfer
Beneficiary Name : GABELEN LIMITED
Beneficiary Bank Name : Hellenic Bank Public Company LTD
Beneficiary IBAN : CY40005002410002410185465201
Date/Time : 2020/09/08 18:10
Reference Number :
Number Of Transactions : 1
Commission Value: 10.00%
Rate: 0.60%

Date	Branch	Time	Merchant User Type	Merchant User	TranID	Amount (€)	Tips (€)	Commission	Fee	Net Amount
2020/08/24	Ifigenias 12 A Lemassol	12:56	SuperAdmin	Admin	819607	10.00	0.00	1.00	0.05	8.95
		Total/Branch				10.00	0.00	1.00	0.05	8.95
		Total/Date				10.00	0.00	1.00	0.05	8.95
Total						10.00	0.00	1.00	0.05	8.95