


SO Payment Details

Payment Mode : Bank Transfer
Beneficiary Name : GABELEN LIMITED
Beneficiary Bank Name : Hellenic Bank Public Company LTD
Beneficiary IBAN : CY40005002410002410185465201
Date/Time : 2020/10/01 15:55
Reference Number :
Number Of Transactions : 3
Commission Value: 10.00%
Rate: 0.60%

Date	Branch	Time	Merchant User Type	Merchant User	TranID	Amount (€)	Tips (€)	Commission	Fee	Net Amount
2020/09/10	Ifigenias 12 A Lemassol	12:42	SuperAdmin	Admin	921258	6.00	0.00	0.60	0.03	5.37
		Total/Branch				6.00	0.00	0.60	0.03	5.37
		Total/Date				6.00	0.00	0.60	0.03	5.37
2020/09/14	Ifigenias 12 A Lemassol	12:46	SuperAdmin	Admin	939670	6.00	0.00	0.60	0.03	5.37
		12:48	SuperAdmin	Admin	939680	5.00	0.00	0.50	0.03	4.47
		Total/Branch				11.00	0.00	1.10	0.06	9.84
		Total/Date				11.00	0.00	1.10	0.06	9.84
Total						17.00	0.00	1.70	0.09	15.21