

Number OF Transactions: 1
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 841612
Date/Time: 2021/07/20 03:53
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/07/16	LEOF GRIVA DIGENI 47	19:37	4236350	667385	SuperAdmin	Admin	2.50	0.25	0.01	2.24
		Total/Branch					2.50	0.25	0.01	2.24
	Total/Date						2.50	0.25	0.01	2.24
Total							2.50	0.25	0.01	2.24