



Number OF Transactions: 1
Beneficiary Name: SLIMLINE GYM CO LTD
Beneficiary IBAN: CY530050035800035801A6496401
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 841612
Date/Time: 2021/07/20 03:54
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/07/17	Charalampou Patsidi 29	12:19	4243798	764685	SuperAdmin	Admin	50.00	5.00	0.27	44.73
		Total/Branch					50.00	5.00	0.27	44.73
	Total/Date						50.00	5.00	0.27	44.73
Total							50.00	5.00	0.27	44.73