



Number OF Transactions: 2
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 523564
 Date/Time: 2021/07/23 03:58
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/07/22	Ifigenias 12 A Lemassol	13:31	4301961	736765	SuperAdmin	Admin	5.50	0.55	0.03	4.92
		14:25	4302443	788257	SuperAdmin	Admin	8.50	0.85	0.05	7.60
		Total/Branch					14.00	1.40	0.08	12.52
	Total/Date						14.00	1.40	0.08	12.52
Total							14.00	1.40	0.08	12.52