



Number OF Transactions: 2
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 055238
 Date/Time: 2021/07/27 03:04
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/07/23	Ifigenias 12 A Lemassol	12:38	4312951	574589	SuperAdmin	Admin	10.00	1.00	0.05	8.95
		Total/Branch					10.00	1.00	0.05	8.95
	Total/Date						10.00	1.00	0.05	8.95
2021/07/26	Ifigenias 12 A Lemassol	19:51	4346412	879247	SuperAdmin	Admin	7.00	0.70	0.04	6.26
		Total/Branch					7.00	0.70	0.04	6.26
	Total/Date						7.00	0.70	0.04	6.26
Total							17.00	1.70	0.09	15.21