

Number OF Transactions: 2
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 117360
Date/Time: 2021/07/28 03:45
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/07/27	LEOF GRIVA DIGENI 47	17:33	4359395	667345	SuperAdmin	Admin	20.00	2.00	0.11	17.89
		18:40	4360040	583524	SuperAdmin	Admin	13.00	1.30	0.07	11.63
		Total/Branch					33.00	3.30	0.18	29.52
	Total/Date						33.00	3.30	0.18	29.52
Total							33.00	3.30	0.18	29.52