

Number OF Transactions: 1
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 146286
Date/Time: 2021/07/30 03:55
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/07/29	LEOF GRIVA DIGENI 47	17:17	4385289	434763	SuperAdmin	Admin	21.80	2.18	0.12	19.50
		Total/Branch					21.80	2.18	0.12	19.50
	Total/Date						21.80	2.18	0.12	19.50
Total							21.80	2.18	0.12	19.50