



Number OF Transactions: 1
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 820937
 Date/Time: 2021/08/03 04:01
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/07/30	Ifigenias 12 A Lemassol	13:32	4396874	685549	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							7.00	0.70	0.04	6.26