

Number OF Transactions: 1
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 915625
Date/Time: 2021/08/04 03:13
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/08/03	LEOF GRIVA DIGENI 47	18:03	4455163	626769	SuperAdmin	Admin	25.75	2.58	0.14	23.03
		Total/Branch					25.75	2.58	0.14	23.03
	Total/Date						25.75	2.58	0.14	23.03
Total							25.75	2.58	0.14	23.03