



Number OF Transactions: 2
Beneficiary Name: GABELEN LIMITED
Beneficiary IBAN: CY40005002410002410185465201
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 338231
Date/Time: 2021/08/06 03:46
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/08/05	Ifigenias 17 Limassol	11:27	4477215	473574	SuperAdmin	Admin	4.00	0.40	0.02	3.58
		13:12	4478282	954278	SuperAdmin	Admin	2.50	0.25	0.01	2.24
		Total/Branch					6.50	0.65	0.03	5.82
	Total/Date						6.50	0.65	0.03	5.82
Total							6.50	0.65	0.03	5.82