



Number OF Transactions: 3
Beneficiary Name: GABELEN LIMITED
Beneficiary IBAN: CY40005002410002410185465201
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 936518
Date/Time: 2021/08/10 03:51
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/08/06	Ifigenias 17 Limassol	10:45	4489141	675539	SuperAdmin	Admin	4.00	0.40	0.02	3.58
		Total/Branch					4.00	0.40	0.02	3.58
	Total/Date						4.00	0.40	0.02	3.58
2021/08/07	Ifigenias 17 Limassol	13:35	4503563	865555	SuperAdmin	Admin	1.50	0.15	0.01	1.34
		13:35	4503565	332547	SuperAdmin	Admin	3.00	0.30	0.02	2.68
		Total/Branch					4.50	0.45	0.03	4.02
	Total/Date						4.50	0.45	0.03	4.02
Total							8.50	0.85	0.05	7.60