



Number OF Transactions: 1
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 750231
 Date/Time: 2021/08/11 04:00
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/08/10	Ifigenias 17 Limassol	11:00	4537267	764685	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
Total							4.00	0.40	0.02	3.58