

Number OF Transactions: 1
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
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	LEOF GRIVA DIGENI 47	10:43	4537129	776473	SuperAdmin	Admin	9.60	0.96	0.05	8.59
		Total/Branch					9.60	0.96	0.05	8.59
	Total/Date						9.60	0.96	0.05	8.59
Total							9.60	0.96	0.05	8.59