



Number OF Transactions: 2
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 320622
 Date/Time: 2021/08/12 03:37
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/08/11	Ifigenias 12 A Lemassol	14:45	4552695	437757	SuperAdmin	Admin	8.00	0.80	0.04	7.16
		14:54	4552774	887475	SuperAdmin	Admin	4.00	0.40	0.02	3.58
		Total/Branch					12.00	1.20	0.06	10.74
	Total/Date						12.00	1.20	0.06	10.74
Total							12.00	1.20	0.06	10.74