

Number OF Transactions: 2
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 320622
Date/Time: 2021/08/12 03:35
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	LEOF GRIVA DIGENI 47	09:31	4549147	633333	SuperAdmin	Admin	13.00	1.30	0.07	11.63
		12:58	4551831	879388	SuperAdmin	Admin	23.00	2.30	0.12	20.58
		Total/Branch					36.00	3.60	0.19	32.21
	Total/Date						36.00	3.60	0.19	32.21
Total							36.00	3.60	0.19	32.21