Merchant Standing Order Payment Report

Number OF Transactions: 1
Beneficiary Name: GABELEN LIMITED
Beneficiary IBAN: CY4000500241000241018546520 1
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 930655
Date/Time: 2021/08/13 03:42
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/08/12	Ifigenias 12 A Lemassol	14:16	4564830	593356	SuperAdmin	Admin	8.50	0.85	0.05	7.60
		Total/Branch					8.50	0.85	0.05	7.60
	Total/Date						8.50	0.85	0.05	7.60
Total							8.50	0.85	0.05	7.60

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