

Number OF Transactions: 2
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 322491
Date/Time: 2021/09/01 03:47
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/08/31	LEOF GRIVA DIGENI 47	11:13	4782143	827753	SuperAdmin	Admin	5.95	0.60	0.03	5.32
		13:26	4783698	583535	SuperAdmin	Admin	19.95	2.00	0.11	17.84
		Total/Branch					25.90	2.60	0.14	23.16
	Total/Date						25.90	2.60	0.14	23.16
Total							25.90	2.60	0.14	23.16