



Number OF Transactions: 1  
 Beneficiary Name: GABELEN LIMITED  
 Beneficiary IBAN: CY40005002410002410185465201  
 Payment Mode: Bank Transfer  
 Commission Value: 10.00  
 Reference Number: SO - 058447  
 Date/Time: 2021/09/07 03:22  
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

| Date       | Branch                   | Time         | TranID  | Order ID | Merchant User Type | Merchant User | Amount | Commission | Fee  | Net Amount |
|------------|--------------------------|--------------|---------|----------|--------------------|---------------|--------|------------|------|------------|
| 2021/09/06 | Ifigenias 17<br>Limassol | 13:58        | 4864085 | 476593   | SuperAdmin         | Admin         | 9.00   | 0.90       | 0.05 | 8.05       |
|            |                          | Total/Branch |         |          |                    |               | 9.00   | 0.90       | 0.05 | 8.05       |
|            | Total/Date               |              |         |          |                    |               | 9.00   | 0.90       | 0.05 | 8.05       |
| Total      |                          |              |         |          |                    |               | 9.00   | 0.90       | 0.05 | 8.05       |