



Number OF Transactions: 1
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 050903
 Date/Time: 2021/09/10 03:45
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/09/09	Ifigenias 17 Limassol	14:33	4905946	523594	SuperAdmin	Admin	4.50	0.45	0.02	4.03
		Total/Branch					4.50	0.45	0.02	4.03
	Total/Date						4.50	0.45	0.02	4.03
Total							4.50	0.45	0.02	4.03