

Number OF Transactions: 2
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
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	LEOF GRIVA DIGENI 47	16:50	4907201	255787	SuperAdmin	Admin	20.00	2.00	0.11	17.89
		19:39	4908962	556836	SuperAdmin	Admin	20.00	2.00	0.11	17.89
		Total/Branch					40.00	4.00	0.22	35.78
	Total/Date						40.00	4.00	0.22	35.78
Total							40.00	4.00	0.22	35.78