



Number OF Transactions: 1
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 737636
 Date/Time: 2021/09/14 03:58
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/09/13	Ifigenias 12 A Lemassol	15:17	4951253	845433	SuperAdmin	Admin	6.50	0.65	0.04	5.81
		Total/Branch					6.50	0.65	0.04	5.81
	Total/Date						6.50	0.65	0.04	5.81
Total							6.50	0.65	0.04	5.81