

Number OF Transactions: 5
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 010726
Date/Time: 2021/09/15 03:02
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/09/14	LEOF GRIVA DIGENI 47	09:27	4965872	365482	SuperAdmin	Admin	36.00	3.60	0.19	32.21
		09:28	4965881	379944	SuperAdmin	Admin	4.00	0.40	0.02	3.58
		09:29	4965920	847748	SuperAdmin	Admin	30.00	3.00	0.16	26.84
		09:41	4966028	468476	SuperAdmin	Admin	30.00	3.00	0.16	26.84
		20:20	4972613	837834	SuperAdmin	Admin	15.80	1.58	0.09	14.13
		Total/Branch					115.80	11.58	0.62	103.60
	Total/Date						115.80	11.58	0.62	103.60
Total							115.80	11.58	0.62	103.60