



Number OF Transactions: 4
Beneficiary Name: GABELEN LIMITED
Beneficiary IBAN: CY40005002410002410185465201
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 219224
Date/Time: 2021/09/21 03:25
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/09/17	Ifigenias 17 Limassol	11:40	5003428	724567	SuperAdmin	Admin	4.00	0.40	0.02	3.58
		Total/Branch					4.00	0.40	0.02	3.58
	Total/Date						4.00	0.40	0.02	3.58
2021/09/20	Ifigenias 17 Limassol	12:40	5036327	395835	SuperAdmin	Admin	5.00	0.50	0.03	4.47
		13:15	5036638	365482	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		13:16	5036643	773489	SuperAdmin	Admin	0.50	0.05	0.01	0.44
		Total/Branch					7.50	0.75	0.05	6.70
	Total/Date						7.50	0.75	0.05	6.70
Total							11.50	1.15	0.07	10.28