

Number OF Transactions: 4
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 156442
Date/Time: 2021/09/28 04:00
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/09/24	LEOF GRIVA DIGENI 47	17:42	5093285	747948	SuperAdmin	Admin	11.90	1.19	0.06	10.65
		Total/Branch					11.90	1.19	0.06	10.65
		Total/Date					11.90	1.19	0.06	10.65
2021/09/26	LEOF GRIVA DIGENI 47	10:46	5111162	773628	SuperAdmin	Admin	10.00	1.00	0.05	8.95
		10:47	5111167	665963	SuperAdmin	Admin	10.00	1.00	0.05	8.95
		10:47	5111171	955687	SuperAdmin	Admin	10.00	1.00	0.05	8.95
		Total/Branch					30.00	3.00	0.15	26.85
		Total/Date					30.00	3.00	0.15	26.85
Total							41.90	4.19	0.21	37.50