Merchant Standing Order Payment Report

Number OF Transactions: 1
Beneficiary Name: GABELEN LIMITED
Beneficiary IBAN: CY40005002410002410185465201
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 503333
Date/Time: 2021/09/29 03:09
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/09/28	Ifigenias 12 A Lemassol	12:12	5138285	588568	SuperAdmin	Admin	10.00	1.00	0.05	8.95
		Total/Branch					10.00	1.00	0.05	8.95
	Total/Date						10.00	1.00	0.05	8.95
Total							10.00	1.00	0.05	8.95

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