

Number OF Transactions: 1
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 208937
Date/Time: 2021/09/30 03:17
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/09/29	LEOF GRIVA DIGENI 47	15:47	5155321	649958	SuperAdmin	Admin	12.50	1.25	0.07	11.18
		Total/Branch					12.50	1.25	0.07	11.18
	Total/Date						12.50	1.25	0.07	11.18
Total							12.50	1.25	0.07	11.18