

Number OF Transactions: 2
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 340269
Date/Time: 2021/10/19 03:27
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/10/17	LEOF GRIVA DIGENI 47	14:03	5399192	365482	SuperAdmin	Admin	15.00	1.50	0.08	13.42
		14:03	5399210	653574	SuperAdmin	Admin	15.00	1.50	0.08	13.42
		Total/Branch					30.00	3.00	0.16	26.84
	Total/Date						30.00	3.00	0.16	26.84
Total							30.00	3.00	0.16	26.84