



Number OF Transactions: 1
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 410553
 Date/Time: 2021/10/21 03:41
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/10/20	Ifigenias 12 A Lemassol	20:20	5444100	466759	SuperAdmin	Admin	5.00	0.50	0.03	4.47
		Total/Branch					5.00	0.50	0.03	4.47
	Total/Date						5.00	0.50	0.03	4.47
Total							5.00	0.50	0.03	4.47