

Number OF Transactions: 1
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 410553
Date/Time: 2021/10/21 03:37
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	LEOF GRIVA DIGENI 47	10:05	5437584	338856	SuperAdmin	Admin	14.50	1.45	0.08	12.97
		Total/Branch					14.50	1.45	0.08	12.97
	Total/Date						14.50	1.45	0.08	12.97
Total							14.50	1.45	0.08	12.97