

Number OF Transactions: 3
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 039579
Date/Time: 2021/10/27 03:05
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/10/26	LEOF GRIVA DIGENI 47	15:35	5517875	383659	SuperAdmin	Admin	10.00	1.00	0.05	8.95
		15:35	5517886	585868	SuperAdmin	Admin	10.00	1.00	0.05	8.95
		15:36	5517906	553237	SuperAdmin	Admin	5.00	0.50	0.03	4.47
		Total/Branch					25.00	2.50	0.13	22.37
	Total/Date						25.00	2.50	0.13	22.37
Total							25.00	2.50	0.13	22.37