



Number OF Transactions: 5
Beneficiary Name: GABELEN LIMITED
Beneficiary IBAN: CY40005002410002410185465201
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number:
Date/Time: 2021/11/01
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/10/05	Ifigenias 12 A Lemassol	13:38	5233729	654574	SuperAdmin	Admin	8.20	0.82	0.04	7.34
		Total/Branch					8.20	0.82	0.04	7.34
	Total/Date						8.20	0.82	0.04	7.34
2021/10/06	Ifigenias 12 A Lemassol	12:31	5252813	894737	SuperAdmin	Admin	7.00	0.70	0.04	6.26
		13:08	5253165	728793	SuperAdmin	Admin	8.50	0.85	0.05	7.60
		Total/Branch					15.50	1.55	0.09	13.86
	Total/Date						15.50	1.55	0.09	13.86

Merchant Standing Order Payment Report

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
2021/10/26	Ifigenias 12 A Lemassol	13:16	5516576	378889	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							33.70	3.37	0.19	30.14