



Number OF Transactions: 2
Beneficiary Name: GABELEN LIMITED
Beneficiary IBAN: CY40005002410002410185465201
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 026240
Date/Time: 2021/11/02 03:57
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/10/29	Ifigenias 17 Limassol	11:33	5555910	654773	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		11:34	5555915	246622	SuperAdmin	Admin	0.50	0.05	0.01	0.44
		Total/Branch					2.50	0.25	0.02	2.23
	Total/Date						2.50	0.25	0.02	2.23
Total							2.50	0.25	0.02	2.23