

Number OF Transactions: 1
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 026240
Date/Time: 2021/11/02 04:02
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/11/01	LEOF GRIVA DIGENI 47	12:06	5601898	672679	SuperAdmin	Admin	45.00	4.50	0.24	40.26
		Total/Branch					45.00	4.50	0.24	40.26
	Total/Date						45.00	4.50	0.24	40.26
Total							45.00	4.50	0.24	40.26