



Number OF Transactions: 2
Beneficiary Name: GABELEN LIMITED
Beneficiary IBAN: CY40005002410002410185465201
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 103290
Date/Time: 2021/11/04 03:16
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/11/03	Ifigenias 17 Limassol	13:25	5642151	653574	SuperAdmin	Admin	4.00	0.40	0.02	3.58
		13:28	5642185	375756	SuperAdmin	Admin	7.00	0.70	0.04	6.26
		Total/Branch					11.00	1.10	0.06	9.84
	Total/Date						11.00	1.10	0.06	9.84
Total							11.00	1.10	0.06	9.84