

Number OF Transactions: 7
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 959723
Date/Time: 2021/11/05 03:25
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/11/04	LEOF GRIVA DIGENI 47	12:06	5655823	543564	Cashier	cashier1	6.00	0.60	0.03	5.37
		12:08	5655845	479484	Cashier	cashier1	0.50	0.05	0.01	0.44
		12:08	5655864	674668	Cashier	cashier1	2.00	0.20	0.01	1.79
		12:10	5655901	248875	Cashier	cashier1	2.50	0.25	0.01	2.24
		12:11	5655911	622454	Cashier	cashier1	0.50	0.05	0.01	0.44
		12:12	5655925	957858	Cashier	cashier1	4.00	0.40	0.02	3.58
		17:15	5659537	462267	Cashier	cashier1	27.50	2.75	0.15	24.60
		Total/Branch					43.00	4.30	0.24	38.46
	Total/Date						43.00	4.30	0.24	38.46
Total							43.00	4.30	0.24	38.46