



Number OF Transactions: 1
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 725231
 Date/Time: 2021/11/09 03:53
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/11/05	Ifigenias 12 A Lemassol	14:39	5672754	454688	SuperAdmin	Admin	8.50	0.85	0.05	7.60
		Total/Branch					8.50	0.85	0.05	7.60
	Total/Date						8.50	0.85	0.05	7.60
Total							8.50	0.85	0.05	7.60