



Number OF Transactions: 3
 Beneficiary Name: GABELEN LIMITED
 Beneficiary IBAN: CY40005002410002410185465201
 Payment Mode: Bank Transfer
 Commission Value: 10.00
 Reference Number: SO - 725231
 Date/Time: 2021/11/09 03:57
 Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/11/06	Ifigenias 17 Limassol	13:02	5687127	665832	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		Total/Branch					2.00	0.20	0.01	1.79
	Total/Date						2.00	0.20	0.01	1.79
2021/11/08	Ifigenias 17 Limassol	12:06	5712334	287938	SuperAdmin	Admin	4.00	0.40	0.02	3.58
		12:10	5712388	349975	SuperAdmin	Admin	0.50	0.05	0.01	0.44
		Total/Branch					4.50	0.45	0.03	4.02
	Total/Date						4.50	0.45	0.03	4.02
Total							6.50	0.65	0.04	5.81