

Number OF Transactions: 2
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 725231
Date/Time: 2021/11/09 03:51
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	87, SPIROU KYPRIANOU AV.	16:20	5674037	653624	Cashier	cashier2	4.50	0.45	0.02	4.03
		Total/Branch					4.50	0.45	0.02	4.03
	LEOF GRIVA DIGENI 47	11:17	5670474	452646	Cashier	cashier1	40.00	4.00	0.22	35.78
		Total/Branch					40.00	4.00	0.22	35.78
	Total/Date						44.50	4.45	0.24	39.81
Total							44.50	4.45	0.24	39.81