

Number OF Transactions: 1
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 935639
Date/Time: 2021/11/10 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
2021/11/09	LEOF GRIVA DIGENI 47	16:38	5734503	865635	Cashier	cashier1	16.00	1.60	0.09	14.31
		Total/Branch					16.00	1.60	0.09	14.31
	Total/Date						16.00	1.60	0.09	14.31
Total							16.00	1.60	0.09	14.31