

Number OF Transactions: 4
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 738872
Date/Time: 2021/11/16 03:23
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/11/12	LEOF GRIVA DIGENI 47	14:25	5776981	464362	Cashier	cashier1	50.00	5.00	0.27	44.73
		17:37	5779272	755466	Cashier	cashier1	20.00	2.00	0.11	17.89
		17:37	5779278	277537	Cashier	cashier1	14.50	1.45	0.08	12.97
		Total/Branch					84.50	8.45	0.46	75.59
	Total/Date						84.50	8.45	0.46	75.59
2021/11/14	87, SPIROU KYPRIANOU AV.	17:31	5804136	838636	Cashier	cashier2	22.00	2.20	0.12	19.68
		Total/Branch					22.00	2.20	0.12	19.68
	Total/Date						22.00	2.20	0.12	19.68
Total							106.50	10.65	0.58	95.27