



Number OF Transactions: 5
Beneficiary Name: GABELEN LIMITED
Beneficiary IBAN: CY40005002410002410185465201
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 455948
Date/Time: 2021/11/23 03:59
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/11/19	Ifigenias 17 Limassol	13:22	5874839	999276	SuperAdmin	Admin	4.00	0.40	0.02	3.58
		14:03	5875237	439453	SuperAdmin	Admin	4.50	0.45	0.02	4.03
		14:54	5875762	736768	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		Total/Branch					10.50	1.05	0.05	9.40
	Total/Date						10.50	1.05	0.05	9.40
2021/11/22	Ifigenias 17 Limassol	10:32	5909250	477839	SuperAdmin	Admin	4.00	0.40	0.02	3.58
		10:32	5909255	976827	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

Merchant Standing Order Payment Report

Total							15.00	1.50	0.08	13.42
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