

Number OF Transactions: 3
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 455948
Date/Time: 2021/11/23 04:03
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/11/20	87, SPIROU KYPRIANOU AV.	12:29	5889633	565859	Cashier	cashier2	59.00	5.90	0.32	52.78
		Total/Branch					59.00	5.90	0.32	52.78
	Total/Date						59.00	5.90	0.32	52.78
2021/11/21	87, SPIROU KYPRIANOU AV.	18:58	5903982	243558	Cashier	cashier2	15.00	1.50	0.08	13.42
		Total/Branch					15.00	1.50	0.08	13.42
	Total/Date						15.00	1.50	0.08	13.42
2021/11/22	LEOF GRIVA DIGENI 47	15:04	5913850	389848	Cashier	cashier1	40.00	4.00	0.22	35.78
		Total/Branch					40.00	4.00	0.22	35.78
	Total/Date						40.00	4.00	0.22	35.78
Total							114.00	11.40	0.62	101.98