



Number OF Transactions: 2
Beneficiary Name: GABELEN LIMITED
Beneficiary IBAN: CY40005002410002410185465201
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 334224
Date/Time: 2021/11/29 03:27
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/11/26	Ifigenias 17 Limassol	11:06	5973876	875956	SuperAdmin	Admin	4.00	0.40	0.02	3.58
		11:57	5974557	765786	SuperAdmin	Admin	8.50	0.85	0.05	7.60
		Total/Branch					12.50	1.25	0.07	11.18
	Total/Date						12.50	1.25	0.07	11.18
Total							12.50	1.25	0.07	11.18