

Number OF Transactions: 2
Beneficiary Name: Anthirs Protasis
Beneficiary IBAN: CY200050031400031401A6310901
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 959913
Date/Time: 2021/11/30 03:41
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/11/27	LEOF GRIVA DIGENI 47	19:21	5995087	364565	Cashier	cashier1	10.00	1.00	0.05	8.95
		Total/Branch					10.00	1.00	0.05	8.95
		Total/Date					10.00	1.00	0.05	8.95
2021/11/29	LEOF GRIVA DIGENI 47	14:04	6019684	783783	Cashier	cashier1	25.00	2.50	0.14	22.36
		Total/Branch					25.00	2.50	0.14	22.36
		Total/Date					25.00	2.50	0.14	22.36
Total							35.00	3.50	0.19	31.31