



EMPLOYER'S CONFIRMATION OF EMPLOYMENT AND INCOME

I. Employer data

Employer's name:			
Employer's registered seat:			
Employer's public phone number:		Start of Employer's operation:	
Employer's tax number:		TEÁOR (ATECO) code:	
Employer's company registration number / license number:			
Number of Employer's employees:			
Employer's main scope of activities:			
<input type="checkbox"/> timber / press / paper industry <input type="checkbox"/> steel / iron industry / automotive manufacture <input type="checkbox"/> financial services <input type="checkbox"/> construction / trade / mining <input type="checkbox"/> leather / textile / clothing industry <input type="checkbox"/> plastic / rubber / asbestos manufacture <input type="checkbox"/> services <input type="checkbox"/> bank / services / insurance <input type="checkbox"/> retail <input type="checkbox"/> public administration / education		<input type="checkbox"/> catering <input type="checkbox"/> stones / minerals / gas / ceramics <input type="checkbox"/> gardening / landscaping <input type="checkbox"/> electronics / precision engineering / optics <input type="checkbox"/> food industry <input type="checkbox"/> animal husbandry / fishery / agriculture / winery / forestry <input type="checkbox"/> other:.....	
The Employer is in bankruptcy or liquidation proceedings:		Yes	No
The Employee is in enforcement proceedings:		Yes	No

II. Employee data

Employee's name:			
Employee's name at birth:			
Mother's name at birth:			
Employee's place and date of birth	,	day	month year
Name and number of ID document:			
Employee's address:			
Workplace phone number:			

III. Employment data

Employee's profession:		Commencement of work relationship:	
Employee's present position			
Senior manager	Middle manager	Other clerical worker	Manual labourer
Place of work:			
Type of employment:	Open-ended	Fixed-term, until:.....	
Nature of employment:	Full-time	Part-time	
Employee currently in probationary period:	Yes	No	

If yes, the end date of the probationary period:			
Employee currently in notice period:		Yes	No
If yes, the end date of the notice period:			
Employee is presently incapable of work:		Yes	No
If yes, start date of incapacity:			
Employee is presently on CSED/GYED (child care) benefit:		Yes	No
If yes, the end date of CSED/GYED:			
Employee has partial ownership of Employer:		Yes	No
IV. Income data			
Employee's basic gross salary group:			
Last three monthly salaries before issuing this confirmation	Gross salary		
	amount of base salary	currency	amount of bonus/overtime/other
	currency		currency
year	month		
year	month		
year	month		
Total gross salary for the last three months			
month of.....	month of.....	month of.....	
Paid/transferred net salary for the above indicated three months			
amount of base salary	currency	amount of bonus/over time	currency
Total net salary for the last three months			
month of.....	month of.....	month of.....	
Benefits in kind (gross monthly cafeteria budget):			
Family allowance sum (for paying agents):			
All reductions and restrictions on the monthly salary:	Amount:		
	Reason:		
Employee received salary advance:		Yes	No
In case of salary advances, monthly installment payment sum:			
In case of salary advances, their expiration date:			
Employee possesses employer loan:		Yes	No
If yes, amount of monthly payment:			
Employer loan maturity date:			
Method of salary payment:		Bank transfer	Cash payment

This confirmation, including the data of the employee named above, is issued for the objective of loan appraisal, assumption of commitment towards a bank, or a personal guarantor contract.

We certify that the required public charges have been paid for the income of the employee named above.

We state that no proceedings based on the Act on bankruptcy and liquidation proceedings have commenced against our company.

We further certify that the employee requested – in case of a successful bank loan appraisal – transfer of the above salary to the employee’s retail bank account at Sberbank Magyarország Zrt.

I, the undersigned, as the person responsible for issuing this confirmation, certify the authenticity of the data under penalty of perjury.

Issuer’s name:	
Position:	
Public phone number:	
Public/official e-mail address:	

Issue date: _____ day _____ month _____ year

Authorized signature

I, the undersigned, hereby consent to my Employer providing Sberbank Magyarország Zrt. with the personal data falling into the categories included in this Employer’s Confirmation of Employment and Income by telephone/fax/email for the purpose of checking the correctness of the data contained in the Employer’s Confirmation of Employment and Income.

Date of declaration: _____ (day) _____ (month) _____ (year)

Signature of the Employee/Borrower