



## 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 sector employee / civil servant		<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:		Start of current employment:	
Employee's present position			
Senior manager	Middle manager	Other white-collar employee	Blue-collar employee
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
<b>IV. Income data</b>			
Employee's basic gross monthly salary group:		.....Ft	
Total amount of net income in the last three months before issuing this confirmation:			
Amount:	1. ....Ft	2. ....Ft	3. ....Ft
Time period:	1. ....month	2. ....month	3. ....month
Amount of net income (without allowances) in the last three months before issuing this confirmation:			
Amount:	1. ....Ft	2. ....Ft	3. ....Ft
Time period:	1. ....month	2. ....month	3. ....month
Amount of net allowances additional to the net income in the last three months before issuing this confirmation:			
Amount:	1. ....Ft	2. ....Ft	3. ....Ft
Time period:	1. ....month	2. ....month	3. ....month
Amount of net reward, bonus, premium received during the year preceding the issue of this confirmation:			
Amount:	.....Ft		
Frequency (to be marked with appropriate underlining):			
Monthly	Quarterly	Half-yearly	Yearly
Other regular benefits:			
Name:			
Amount:	.....Ft		
Frequency (to be marked with appropriate underlining):			
Monthly	Quarterly	Half-yearly	Yearly
Amount of gross cafeteria benefits received in the last three months before issuing this confirmation:			
Amount:	1. ....Ft	2. ....Ft	3. ....Ft
Time period:	1. ....month	2. ....month	3. ....month
Amount of net cafeteria benefits received in cash or by bank transfer in the last three months before issuing this confirmation:			
Amount:	1. ....Ft	2. ....Ft	3. ....Ft
Time period:	1. ....month	2. ....month	3. ....month
Amount of family allowance (for paying agents):			
All deductions and garnishment from the monthly income:	Amount:		
	Reason:		

Employee received salary advance:	Yes	No
In case of salary advance, the amount of monthly instalment:		
In case of salary advance, the deadline of repayment:		
Employee has employer loan:	Yes	No
If yes, amount of monthly payment:		
Employer loan's 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.

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:		
Outsourced payroll accountant:	Yes *	No
Public phone number:		
Official e-mail address:		

\* if the certificate has been issued by an outsourced payroll accountant, it's authorised signature is also required.

\*\* E-mail address from public source that can be linked to the Employer's / Payroll Accountant's company.

Issue date: \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

\_\_\_\_\_  
 Authorised signature of the payroll accountant

\_\_\_\_\_  
 Authorized signature of the Employer

I, the undersigned ....., hereby consent to my Employer providing Sberbank Magyarország Zrt. the personal data 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 this document.

Date of declaration: \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year)

\_\_\_\_\_  
 Signature of the Employee/Borrower