



# Employer's certificate of income

Foreigner employer  
(It can be used also for the application of customer friendly mortgage loan.)

Erste Bank Hungary Zrt.  
Telebank: +36 1 298 0222  
E-mail: [ugyfelpont@erstebank.hu](mailto:ugyfelpont@erstebank.hu)  
[www.erstebank.hu](http://www.erstebank.hu)

## I. Employer's data

Name and legal form of Employer:

Seat of Employer:

Address of Employer:

Tax number of Employer:

Main scope of activity:

- |   |  |  |                                       |   |                                |
|---|--|--|---------------------------------------|---|--------------------------------|
| <input type="checkbox"/> State administration                             | <input type="checkbox"/> Health care           | <input type="checkbox"/> Industry                | <input type="checkbox"/> Construction | <input type="checkbox"/> Finance, Insurance | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Tourism  | <input type="checkbox"/> Agriculture           | <input type="checkbox"/> Trade, Service industry | <input type="checkbox"/> Education    | <input type="checkbox"/> Public transport   |                                |
| <input type="checkbox"/> Police, Army, Disaster management, Tax Authority | <input type="checkbox"/> Telecommunication, IT | <input type="checkbox"/> Transport, Carriage     | <input type="checkbox"/> Other        |   |                                |

Phone number of Employer:

Number of employees:

Is the Employer in liquidation, bankruptcy procedure or final settlement?

☐ Yes

☐ No

Name of the person completing the certificate:

e-mail address:

## II. Employee's data

Employee's name:

Place and date of birth:

\_\_\_\_ . \_\_\_\_ . \_\_\_\_

## III. Employment's data

Profession of the Employee:

Present position of Employee: ☐ Top manager ☐ Middle manager ☐ Other white-collar employee ☐ Blue-collar employee

Place of work:

Start of the present employment: \_\_\_\_ . \_\_\_\_ . \_\_\_\_

Term of the employment: ☐ Indefinite ☐ Definite

Start date and expiry date in case of definite term:

from \_\_\_\_ . \_\_\_\_ . \_\_\_\_ to \_\_\_\_ . \_\_\_\_ . \_\_\_\_ Has it ever been extended? ☐ Yes ☐ No

Is the Employee's weekly working time at least 20 hours?

☐ Yes

☐ No

Is the Employee under probation currently?

☐ Yes

☐ No

Is the Employee under termination at present?

☐ Yes

☐ No

Is the Employee on sick leave at present?

☐ Yes

☐ No

Start date of sick leave: \_\_\_\_ . \_\_\_\_ . \_\_\_\_

Payment method of salary:

☐ Transfer

☐ In cash

#### IV. Salary's data

Sum of **monthly NETTO salary** and the additionally paid **NETTO substitute, daily allowance, overtime fee, commission, fuel saving in the last three months before** the issue of certificate:

| Payment |                       |       |                       |       |                       |
|---------|-----------------------|-------|-----------------------|-------|-----------------------|
| month   | amount / ____ (curr.) | month | amount / ____ (curr.) | month | amount / ____ (curr.) |
| ____    | _____                 | ____  | _____                 | ____  | _____                 |

#### Further items of income

**NETTO paid reward, bonus, premium in one year before** the issue of certificate, in a lump sum written:

(Please take into account solely the frequency of six-month or if it is more frequently.)

Amount: \_\_\_\_\_ / \_\_\_\_ (curr.)      Frequency: ☐ Monthly ☐ Quarterly ☐ Six-month ☐ Other

Date of last two payments: 1. \_\_\_\_ . \_\_\_\_ . \_\_\_\_\_ 2. \_\_\_\_ . \_\_\_\_ . \_\_\_\_\_

All deduction, attachment from monthly netto salary:

Reason: ☐ Child support ☐ Tax liability ☐ Other

Amount: \_\_\_\_\_ / \_\_\_\_ (curr.)

In case of employer's loan: Contracted amount: \_\_\_\_\_ / \_\_\_\_ (curr.)

Monthly instalment: \_\_\_\_\_ / \_\_\_\_ (curr.)      Date of entering into the contract: \_\_\_\_ . \_\_\_\_ . \_\_\_\_\_

Being aware of my criminal liability, I, the undersigned, declare that I have the right to issue the present certificate, the data given in the certificate are accurate and I agree to the verification of the accuracy of the data given in the certificate, all taxes and dues on the certified incomes have been paid.

Date: \_\_\_\_\_ , \_\_\_\_ . \_\_\_\_ . \_\_\_\_\_

\_\_\_\_\_  
Signature by the duly authorized  
representative of the employer or the firm  
commissioned by the employer  
(i.e. the company that filled in the data)

#### STATEMENT ABOUT COMMISSIONED FIRM

In case the issue of the certificate is carried out by the firm (e.g. accountant, payroll) commissioned by the employer, or/and the salary is transferred by the firm commissioned by the employer:

Name of the commissioned firm: \_\_\_\_\_

I, the undersigned, certify that the firm, who makes the filling in and/or transfer of salary, acts on behalf of the employer.

Date: \_\_\_\_\_ , \_\_\_\_ . \_\_\_\_ . \_\_\_\_\_

\_\_\_\_\_  
Signature by the duly authorized  
representative of the employer