



Employer's certificate of income

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

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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 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