



Employer's certificate of income

(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: _____

Company registration number: _____

Main scope of activity:

- State administration Health care Industry Construction Finance, Insurance Legal
 Tourism Agriculture Trade, Service industry Education Public transport
 Police, Army, Disaster management, Tax Authority Telecommunication, IT Transport, Carriage Other

Phone number of Employer: _____

Number of employees: _____

Name of the person completing the certificate: _____

e-mail address: _____

II. Employee's data

Employee's name: _____

Employee's birth name: _____

Place and date of birth: _____

Mothers's birth name: _____

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

Start date and expiry date in case of honorarium (parliamentary allowance):

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: ____ . ____ . ____

Reason? Pregnancy Other

Does the employee dispose of ownership at employer? Yes No

Payment method of salary: Transfer In cash

IV. Salary's data

Please certify solely the salary with the method of taxation „SZJA” or „ECHO”:

Monthly NETTO salary, piecework, honorarium in the last three months before the issue of certificate (without further items of income):

Description of item:	Payment					
	month	amount / HUF	month	amount / HUF	month	amount / HUF

Further items of income

Monthly NETTO substitute, daily allowance, overtime fee, commission, fuel saving, housing allowance for employees of Hungarian Army **in the last three months before** the issue of certificate, outside of salary (please list them per item):

Description of item:	Payment					
	month	amount / HUF	month	amount / HUF	month	amount / HUF

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: _____ HUF Frequency: Monthly Quarterly Six-month Other

Date of last two payments: 1. ____ . ____ . ____ 2. ____ . ____ . ____

Yearly netto Cafeteria: _____ HUF

Monthly netto baby care allowance („CSED”) (if the employer is paying agent of National Insurance): _____ HUF Expiry date: ____ . ____ . ____

Monthly netto baby care allowance („GYED”) (if the employer is paying agent of National Insurance): _____ HUF Expiry date: ____ . ____ . ____

All deduction, attachment from monthly netto salary: Reason: Child support Tax liability Other

Amount: _____ HUF

In case of employer's loan: Contracted amount: _____ HUF

Monthly instalment: _____ HUF 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