



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:

- | | | | | | |
|---|--|--|---------------------------------------|---|--------------------------------|
| <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:

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 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, honoraum 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: ____ . ____ . _____
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Monthly netto baby care allowance („GYED”) (if the employer is paying agent of National Insurance): _____ HUF	Expiry date: ____ . ____ . _____
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All deduction, attachment from monthly netto salary:	Reason: <input type="checkbox"/> Child support <input type="checkbox"/> Tax liability <input type="checkbox"/> 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