

EMPLOYER'S CERTIFICATE FOR MORTGAGE LOAN AND BABY LOAN APPLICATIONS
TO BE COMPLETED IN BLOCK CAPITALS.

Employee's details (to be completed by the Employer)

Employee's name: _____
 Mother's name at birth: _____
 Place and date of birth: _____

Employer's details (to be completed by the Employer)

Employer's name: _____
 Tax number: _____
 Address: _____
 E-mail address: _____

Employment details (to be completed by the Employer)

Start date of employment: ___ day ___ month _____ year
 Employment: indefinite term definite term, ending on: ___ day ___ month _____ year
 Definite term employment to be extended: yes no
 Subject to probationary period: yes no
 Subject to notice of termination: yes no
 At present incapable of work: yes no
 If yes, specify incapacity to work: _____
 Incapacity to work for more than 30 days over the last 3 months: yes no
 also at present since ___ day ___ month _____ year
 Start and expiry dates of incapacity to work: ___ day ___ month _____ year - ___ day ___ month _____ year
 Occupation: _____ Work (weekly): _____ hours of working times
 Position: physical worker Non-manual worker middle manager senior manager
 Relationship between the employee and employer and company signatory/signatory of this certificate:
 none owner close relative

Wage details (to be completed by the Employer)

Payment method: cash transfer

Certified wage earning period (year/month)	year/ month	year/ month	year/ month
Monthly net base wages:			
Other monthly wages, amount:			
Other monthly wages, amount:			
Other monthly wages, amount:			
Other monthly wages, amount:			
Monthly paid wages:			

Deductions/withholdings from the income (sum): * _____, reason: _____

Start of the period: ___ day ___ month ___ year, expiry date: ___ day ___ month ___ year

** The amount stated here includes all deductions and withholdings from the paid wages, therefore the amount of advance wages, child support, employer loans, other deductions/withholdings by other bodies, etc. must be indicated here.*

We hereby declare that the prescribed taxes have been paid on the income certified above.

Name of the person responsible for completion/payroll accounting firm: _____

Date: _____

Employer's official signature