

PLEASE FILL IT WITH CAPITAL LETTERS!

### Employee data – filled by the Employer

Name of the employee: \_\_\_\_\_  
 Mother's maiden name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day  
 Place of birth: \_\_\_\_\_  
 Telephone nr.: + \_\_\_\_\_  
 Current position:  Sr. executive  
 Intellectual  
 Company owner  
 Middle manager  
 Physical worker  
 Other

Is the employee authorized to sign?  yes  no  
 Is there a relationship between the employee and the employer?  
 yes  no

Occupation: \_\_\_\_\_  
 Employment: \_\_\_\_\_ hours per week/day  
 Start date: \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day  
 End date:  indefinite term  
 definite term, end date:  
 \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day  
 In case of definite term, will be the employment extended?  
 yes  no

### Employer data – filled by the Employer

Name of the employer: \_\_\_\_\_  
 Registered seat: \_\_\_\_\_ zip code \_\_\_\_\_ city  
 \_\_\_\_\_ street  
 \_\_\_\_\_ house nr. \_\_\_\_\_ floor \_\_\_\_\_ door  
 Employer's address (if it is different)  
 \_\_\_\_\_ zip code \_\_\_\_\_ city  
 \_\_\_\_\_ street  
 \_\_\_\_\_ house nr. \_\_\_\_\_ floor \_\_\_\_\_ door  
 Tax registration nr.: \_\_\_\_\_  
 Company registration nr.: \_\_\_\_\_  
 NACE code: \_\_\_\_\_

Central telephone nr.: + \_\_\_\_\_  
 Name of the person responsible for filling: \_\_\_\_\_  
 Telephone nr.: + \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

Economic sector:  
 manufacturing and processing  
 agriculture  
 trade, tourism, shipping, travel  
 finance, legal activity  
 education, healthcare, State, social care  
 other: \_\_\_\_\_

### Monthly income for the last three months

Period year / month	_____ year _____ month	_____ year _____ month	_____ year _____ month
I. Amount of salary paid			
II. Amount of regular and non-regular allowances*			
<b>III. Calculated income (= I. – II.)</b> (Amount of salary paid without the non-regular allowances and deductions)			

\*For example: travel fees, overwork, housing allowance, etc.

Amount of deduction\*\* \_\_\_\_\_ currency Ground\*\* \_\_\_\_\_  
 Start date: \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day, End date: \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

\*\*For example: child care, salary advance, employer loan, etc.

Is the employee currently on sick payment??  yes Start date: \_\_\_\_\_  no

### Other Statements

Is the employee currently under probation period?:  yes  no  
 Is the employee currently under notice period?:  yes  no  
 The employee get the salary in cash?:  yes  no  
 Employee status:  active  passive, ground:

I, the undersigned individual responsible for issuing this certification, hereby declare in full awareness of my criminal responsibility that for the above-mentioned income the prescribed public dues (taxes and contributions) have been deducted from the salary of the employee and have been paid.

Issued: \_\_\_\_\_, \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

\_\_\_\_\_  
 Employer's authorized signature and seal

### Statement of Consent by Employee

**I, the undersigned,**

Name:	
Name of birth:	
Place, date of birth:	
Mother's maiden name:	

**hereby consent and authorize**

Name of the Employer:	
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to provide information concerning my personal data to any request of **Takarékbank Zrt.** made by phone or in writing to verify data of this employment certification.

Issued: \_\_\_\_\_, \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

\_\_\_\_\_  
Signature of Employee