

Employee's data – as reported by employer

Employee's name: _____

Mother's maiden name: _____

Date of birth: _____ year _____ month _____ day

Place of birth: _____

Direct phone nr. at work: +36 _____ ext: _____

Job type:

- ☐ Executive manager/officer
☐ Intellectual employee
☐ Owner
☐ Mid-level/senior manager
☐ Physical employee
☐ Member in ltd partnership comp.

Employee entitled to represent the firm? ☐ Yes ☐ NoEmployee employed by close relative? ☐ Yes ☐ No

Occupation: _____

Employed in: _____ working hours

Start of employment: _____ year _____ month _____ day

Term of contract: ☐ indefinite
☐ definite, ending on:
_____ year _____ month _____ dayDefinite contract to be extended? ☐ Yes ☐ No

Employer's data – as reported by employer

Employer's name: _____

HQ address: _____ zip code _____ city

_____ street

_____ nr. _____ floor. _____ door

Contact address (if different from HQ)

_____ zip code. _____ city

_____ street

_____ nr. _____ floor. _____ door

Fiscal code: _____

Company registry nr.: _____

Central phone nr.: +36 _____ ext.: _____

Name of person filling the form: _____

Phone nr.: +36 _____ ext: _____

E-mail: _____

Email address is to be used for verification purposes, please answer this field accordingly.

Sector:

- ☐ manufacturing industry
☐ agriculture
☐ trade, catering, shipment, travel industry
☐ financial, legal activities
☐ education, healthcare, public sector, social care services
☐ other: _____

Net income data (last 3 month)

Year / month	_____ year / _____ month	_____ year / _____ month	_____ year / _____ month
I. Regular monthly net salary amount			
II. Any regular* or non-regular allowances included in the above figures			
III. Calculated income (= I. – II.) (without allowances)			

* Including: non-regular allowances / benefits, reimbursement of travel expenses, fuel savings, clothing allowances, loyalty bonus for service period, service fee, per diem, housing / rent allowance, overtime allowance, non-regular shift allowance, performance based salary (performance related part), bonus with less than monthly frequency, reward.

Total deductions**: amount: _____ reason: _____

period: from: _____ year _____ month _____ day till: _____ year _____ month _____ day

** All deductions applied on the net base salary should be indicated here, including deductions related to advanced salary, child support, employer loan, deductions of other authorities, etc.

Employee received a paid sick leave: ☐ Yes, from: _____ ☐ No

Other declarations

Annual net cafeteria benefit amount: _____

Currently serving probation period: ☐ Yes ☐ NoCurrently serving notice period: ☐ Yes ☐ NoDoes the income paid in cash? ☐ Yes ☐ NoEmployment status: ☐ active ☐ passive, reason:
☐ maternity leave till:

Common charges have been paid after the income reflected on the income statement.

_____, _____ day _____ month _____ year.

Employer's authorized signature