

Employee's data – as reported by employer

Employer's data – as reported by employer

Employee's name: _____

Mother's maiden name: _____

Date of birth: _____ year ____ month ____ day

Place of birth: _____

Direct phone 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 No

Employee 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 ____ day

Definite contract to be extended? Yes No

Employer's name: _____

HQ address: _____ zipcode _____ city
 _____ street
 _____ nr. _____ floor _____ door

Contact address (if different from HQ):
 _____ zipcode _____ 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 non-regular allowances* and non-regular income from the salary			
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 allowances, overtime allowances, non-regular shift allowances, performance based salary (performance related part), bonus with less than monthly frequency, reward .

Total deduction** amount: _____, reason**: _____
 period from: _____ year ____ month ____ day, 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 is currently on sick leave? Yes, from: _____ year ____ month ____ day, No

Other declarations

Annual net cafeteria benefit amount: _____

Currently serving probation period: Yes No

Currently serving notice period: Yes No

Does the income paid in cash? Yes No

Employment status: active passive, reason: _____
 maternity leave till: _____ year ____ month ____ day

Common charges have been paid after the income reflected on the income statement. The undersigned employer declares that proceedings have not been initiated against our company on the basis of the Act on Bankruptcy and Liquidation.

Date: _____, _____ year ____ month ____ day