

**EMPLOYMENT CERTIFICATION FOR INCOME ABROAD**

We are asking the competent person, who fills in this form to fill it completely, because the Bank can accept the form only with all the needed information and official signature. In case of incomplete form we have to ask to fill it again.

**1. Employee Data:**

Name of employee		
Place, date of birth		
Mother's maiden name		
Current position		<input type="checkbox"/> public servant <input type="checkbox"/> civil servant <input type="checkbox"/> white-collar <input type="checkbox"/> middle manager <input type="checkbox"/> senior executive <input type="checkbox"/> public works labourer <input type="checkbox"/> student <input type="checkbox"/> family farmer <input type="checkbox"/> company owner/self-employed <input type="checkbox"/> contract labour <input type="checkbox"/> physical worker <input type="checkbox"/> pensioner <input type="checkbox"/> lawyer/notary <input type="checkbox"/> intellectual (e.g. journalist) <input type="checkbox"/> other
Is employee authorized to sign?		<input type="checkbox"/> yes <input type="checkbox"/> no
Occupation		
Employment		hours per week / day
Probation time		<input type="checkbox"/> in progress – end date: <input type="checkbox"/> ended
The employee is		<input type="checkbox"/> active <input type="checkbox"/> passive (sick payment) <input type="checkbox"/> passive (pregnancy) <input type="checkbox"/> maternity leave, until:
In case of passive status, starting date		
Start of current employment		
In case of legal successor - Name of previous employer		
In case of legal successor – previous employment		start date:   end date:
Previous employment – Name of employer		
Previous employment		start date   end date:
Currently under notice?		<input type="checkbox"/> yes <input type="checkbox"/> no
Type of employment		<input type="checkbox"/> indefinite term <input type="checkbox"/> definite, until:
After the definite term the employment is extended:		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't declare
If the maternity leave status expires within 90 days, the employer takes on the employment		<input type="checkbox"/> yes <input type="checkbox"/> no
Was the employee on sickness payment for more than 30 days in the last 3 months or currently is?		<input type="checkbox"/> No <input type="checkbox"/> Yes, but ended <input type="checkbox"/> Currently yes, from:

**2. Employer Data**

Name of the employer		
Registered seat		
Address		
Place of work		
Tax registration number		Company registration number
NACE code		The employer is under liquidation or bankruptcy <input type="checkbox"/> yes <input type="checkbox"/> no
Economic sector		<b>Main activity sector:</b> <input type="checkbox"/> Pharmaceutical industry <input type="checkbox"/> Manufacturing and processing <input type="checkbox"/> Public utility, public service <input type="checkbox"/> Automotive industry <input type="checkbox"/> Paper and paper processing <input type="checkbox"/> Agriculture, forestry <input type="checkbox"/> Building and building material industry <input type="checkbox"/> State <input type="checkbox"/> Steel industry and metal processing <input type="checkbox"/> Financial services <input type="checkbox"/> White collar services (e.g. tax consultant) <input type="checkbox"/> Food industry <input type="checkbox"/> Oil and gas industry <input type="checkbox"/> Textile and clothing industry <input type="checkbox"/> Blue collar services (e.g. hairdresser) <input type="checkbox"/> Media <input type="checkbox"/> Food trade <input type="checkbox"/> Technology companies <input type="checkbox"/> Manufacture of durable goods <input type="checkbox"/> Real estate <input type="checkbox"/> Chemical industry <input type="checkbox"/> Other industry <input type="checkbox"/> Trade in non-food items <input type="checkbox"/> Mining <input type="checkbox"/> Hotel and catering, tourism <input type="checkbox"/> Courier and shipping <input type="checkbox"/> Telecommunications and post
Relationship between the employee and the employer or the authorized signatory of this certificate		<input type="checkbox"/> no relation <input type="checkbox"/> ownership <input type="checkbox"/> relative
Name of the person responsible for filling in and signature		

3. Salary information			
GROSS base salary	currency:		
Salary payment method	<input type="checkbox"/> in cash	<input type="checkbox"/> by transfer	
Was there a rise in the last three months? If yes, the gross amount of it	<input type="checkbox"/> yes, from:	amount:	currency:
	<input type="checkbox"/> no		
Is there any deduction from the salary or salary advance?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
If yes, the ground of deduction			
Period of deduction	from:	until:	
Amount of deduction	currency:		OR %

4. Income for the last three months			
Period (month of certified salary)	Year		Month
	Gross	Net	
I.) Amount of salary paid			Contains sick payment: <input type="checkbox"/> yes <input type="checkbox"/> no
II.) Of which the amount of reward/bonus/commission (underline the appropriate one)			Frequency: <input type="checkbox"/> monthly <input type="checkbox"/> quarterly
III.) Of which the amount of other allowances** and their ground			Ground:
IV. Net income: without other non-regular allowances and other deductions (I-II-III)	-		

Period (month of certified salary)	Year		Month
	Gross	Net	
I.) Amount of salary paid			Contains sick payment: <input type="checkbox"/> yes <input type="checkbox"/> no
II.) Of which the amount of reward/bonus/commission (underline the appropriate one)			Frequency: <input type="checkbox"/> monthly <input type="checkbox"/> quarterly
III.) Of which the amount of other allowances** and their ground			Ground:
IV. Net income: without other non-regular allowances and other deductions (I-II-III)	-		

Period (month of certified salary)	Year		Month
	Gross	Net	
Gross			
I.) Amount of salary paid			Contains sick payment: <input type="checkbox"/> yes <input type="checkbox"/> no
II.) Of which the amount of reward/bonus/commission (underline the appropriate one)			Frequency: <input type="checkbox"/> monthly <input type="checkbox"/> quarterly
III.) Of which the amount of other allowances* and their ground			Ground:
IV. Net income: without other non-regular allowances and other deductions (I-II-III)	-		
Name of the person responsible for filling in and signature			

\* Other allowances: other non-regular allowances, reimbursement of travel expenses, fuel refund, clothing money, staff award, service charge, daily allowance, housing allowance, non-regular overtime bonus, part of performance related pay depending on performance, biannual, annual bonus etc.

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.

Furthermore, we hereby acknowledge that if the Employer fails to provide verifying data for any request of the credit institution, the decision making about the application of the employee can be failed.

<b>Name of the person responsible for filling in</b>		
<b>The person responsible for filling in is</b>	<input type="checkbox"/> employee of the company	<input type="checkbox"/> external payroll accountant Name of the company:
<b>E-mail address of the person responsible for filling in</b>		
<b>Phone number</b>		
<b>The employee filled the statement of consent:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Signature of the person responsible for filling in</b>		
<b>Employer's authorized signature and seal:</b>		
<b>Name of underwriters (readable):</b>		
<b>Issued in .....</b>	<b>.....20...</b>	

### 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 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 in ....., .....20...

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**Name of employee**