



# Employer's certificate of income

Foreigner employer  
(It can be used also for the application of customer friendly mortgage loan.)

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## I. Employer's data

Name and legal form of Employer:

Seat of Employer:

Address of Employer:

Tax number of Employer:

Main scope of activity:

- State administration    Health care    Industry    Construction    Finance, Insurance    Legal  
 Tourism    Agriculture    Trade, Service industry    Education    Public transport  
 Police, Army, Disaster management, Tax Authority    Telecommunication, IT    Transport, Carriage    Other

Phone number of Employer:

Number of employees:

Is the Employer in liquidation, bankruptcy procedure or final settlement?

Yes

No

Name of the person completing the certificate:

e-mail address:

## II. Employee's data

Employee's name:

Place and date of birth: \_\_\_\_\_

## III. Employment's data

Profession of the Employee:

Present position of Employee:  Top manager    Middle manager    Other white-collar employee    Blue-collar employee

Place of work:

Start of the present employment: \_\_\_\_ . \_\_\_\_ . \_\_\_\_

Term of the employment:  Indefinite    Definite

Start date and expiry date in case of definite term:

from \_\_\_\_ . \_\_\_\_ . \_\_\_\_ to \_\_\_\_ . \_\_\_\_ . \_\_\_\_ Has it ever been extended?  Yes    No

Is the Employee under probation currently?

Yes

No

Is the Employee under termination at present?

Yes

No

Is the Employee on sick leave at present?

Yes

No

Start date of sick leave: \_\_\_\_ . \_\_\_\_ . \_\_\_\_

Payment method of salary:

Transfer

In cash

## IV. Salary's data

Sum of **monthly NETTO salary** and the additionally paid **NETTO substitute, daily allowance, overtime fee, commission, fuel saving in the last three months before** the issue of certificate:

Payment					
month	amount / _____ (curr.)	month	amount / _____ (curr.)	month	amount / _____ (curr.)
____	_____	____	_____	____	_____

### Further items of income

**NETTO paid reward, bonus, premium in one year before** the issue of certificate, in a lump sum written:

(Please take into account solely the frequency of six-month or if it is more frequently.)

Amount: \_\_\_\_\_ / \_\_\_\_\_ (curr.)    Frequency:     Monthly     Quarterly     Six-month     Other

Date of last two payments:    1. \_\_\_\_ . \_\_\_\_ . \_\_\_\_    2. \_\_\_\_ . \_\_\_\_ . \_\_\_\_

All deduction, attachment from monthly netto salary:	Reason:    Child support <input type="checkbox"/> Tax liability <input type="checkbox"/> Other
	Amount: _____ / _____ (curr.)

In case of employer's loan:	Contracted amount: _____ / _____ (curr.)	Date of entering into the contract: ____ . ____ . ____
	Monthly instalment: _____ / _____ (curr.)	

Being aware of my criminal liability, I, the undersigned, declare that I have the right to issue the present certificate, the data given in the certificate are accurate and I agree to the verification of the accuracy of the data given in the certificate, all taxes and dues on the certified incomes have been paid.

Date: \_\_\_\_\_ , \_\_\_\_ . \_\_\_\_ . \_\_\_\_

\_\_\_\_\_  
Signature by the duly authorized representative of the employer or the firm commissioned by the employer (i.e. the company that filled in the data)

### STATEMENT ABOUT COMMISSIONED FIRM

In case the issue of the certificate is carried out by the firm (e.g. accountant, payroll) commissioned by the employer, or/and the salary is transferred by the firm commissioned by the employer:

Name of the commissioned firm: \_\_\_\_\_

I, the undersigned, certify that the firm, who makes the filling in and/or transfer of salary, acts on behalf of the employer.

Date: \_\_\_\_\_ , \_\_\_\_ . \_\_\_\_ . \_\_\_\_

\_\_\_\_\_  
Signature by the duly authorized representative of the employer