

EMPLOYMENT CERTIFICATION FOR INCOME ABROAD

We are asking the competent person, who fills out 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. Employer Data

Name of employer:

Company registration number/business license number:

Tel: Tax identification number:

Address (also the Country):

Place of work (also the Country):

Main activity: NACE code:

Number of employees: 1 2-4 5-9 10-24 25-49 50-199 200-500 over 500 over 10.000

The employer is under liquidation or bankruptcy proceedings: Yes No

Main activity sector:

<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"/> State	<input type="checkbox"/> Steel industry and metal processing	<input type="checkbox"/> Financial Services
<input type="checkbox"/> Food industry	<input type="checkbox"/> Oil and gas industry	<input type="checkbox"/> Textile and clothing industry
<input type="checkbox"/> Media	<input type="checkbox"/> Food trade	<input type="checkbox"/> Technology companies
<input type="checkbox"/> Real estate	<input type="checkbox"/> Chemical industry	<input type="checkbox"/> Other industry
<input type="checkbox"/> Mining	<input type="checkbox"/> Hotel and catering, tourism	<input type="checkbox"/> Courier and shipping
		<input type="checkbox"/> Building and building materials industry
		<input type="checkbox"/> White collar services (e.g. tax consultant)
		<input type="checkbox"/> Blue collar services (e.g. hairdresser)
		<input type="checkbox"/> Manufacture of durable goods
		<input type="checkbox"/> Trade in non-food items
		<input type="checkbox"/> Telecommunications and post

Employment:

<input type="checkbox"/> civil servant	<input type="checkbox"/> public servant	<input type="checkbox"/> white-collar	<input type="checkbox"/> middle manager	<input type="checkbox"/> senior manager
<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"/> physical worker	<input type="checkbox"/> retired	<input type="checkbox"/> lawyer/notary	<input type="checkbox"/> intellectual (e.g. journalist)
			<input type="checkbox"/> Other	

Employee data

Name of employee:

Name at birth:

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

Occupation:

Position:

Type of employment: full-time part-time Start of employment:

Type of employment: indefinite definite, until _____ (dd) _____ (mm) _____ (yy)

Currently under notice? Yes No Serving probationary period? Yes No

Does the employee hold any shares in the employer company? Yes No

Is the employee a relative of the employer?¹ Yes No

2. Income Data of Employee

1. Certification of income for the last 3 months:	_____ (mm) _____ (yy)	_____ (mm) _____ (yy)	_____ (mm) _____ (yy)
2. Net monthly basic salary amount salary, shift allowance, performance pay (except in the 3;5 rows written data) without any deductions	_____	_____	_____
3. Reimbursement, daily allowance, fuel refund, travel costs:	_____	_____	_____
4. Deductions from the net income(e.g. salary advance, childcare etc.):	_____	_____	_____
Type/amount of the deduction:
	_____	_____	_____

Employer's signature and seal:

¹ Relative: spouse/partner; next of kin; adopted child, stepchild; adoptive, step and foster parent; spouse of sibling, half sibling next of kin, next of kin and sibling of spouse, spouse of sibling

5. Bonus, reward amount, date of pay (the last 3 times in the last 12 months)yy.....mmyy.....mmyy.....mm
6. Is the salary transferred by a contracted company (e.g. accountant)?		<input type="checkbox"/> Yes , name of the company _____ <input type="checkbox"/> No	
7. Mode of payment of salary: <input type="checkbox"/> Transfer <input type="checkbox"/> Cash			
8. Has the employee been on sickness benefit for more than 30 days in the last 3 months? Is he/she currently on sickness benefit? <input type="checkbox"/> Yes <input type="checkbox"/> Currently is <input type="checkbox"/> No / Currently not			
3. Previous Employment Data (only fill in if applying for a personal loan or credit card!)²			
Name of previous employer:			
Start of previous employment:		End of previous employment:	
4. Form Completion Data			
Name of person responsible for completing the form:		Tel:	
I have received the declaration of consent of the employee <input type="checkbox"/> Yes <input type="checkbox"/> No			

I, the undersigned individual responsible for issuing the certification, hereby declare in full awareness of my criminal responsibility that

- the company is not subject to liquidation, bankruptcy or winding up;
- all of the above taxes and contributions have been deducted from the salary of the employee and paid.

Furthermore, we hereby acknowledge that the application submitted by the employee to the credit institution may not be assessed if the employer fails to provide any given certifying data in the event of any request for information made to the credit institution.

Employer's signature and seal:	
Name of underwriters (readable):	
Issued in.....,2021	

Declaration of Consent by Employee

I, the undersigned,

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

hereby consent and authorise

Name of employer:	
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to provide information concerning my personal data to the credit institution for the purpose of verifying the data, information provided in the employment certification at the request of **Takarékbank Zrt** made by phone or in writing to verify the data, information provided in the employment certification.

Issued in, 2021

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Name of employee

² If the employee has been working at his/her current workplace for less than 12 months