2022.08.09.



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.

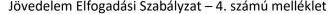
1. Employee Data:						
Name of employee						
Place, date of birth						
Mother's maiden name						
Current position		□ public servant □ civil servant □ white-collar □ middle manager □ senior executive □ public works labourer □ student □ family farmer □ company owner/self-employed □ contract labour □ physical worker □ pensioner □ lawyer/notary □ intellectual (e.g. journalist) □ other				
Is employee authorized to	sign?	□ yes	s 🗆 no			
Occupation						
Employment		hours per week / day				
Probation time		☐ in progress – end date: ☐ ended				
The employee is		□ active □ passive (sick payment) □ passive (pregnancy) □ maternity leave, until:				
In case of passive status,	starting date					
Start of current employme						
In case of legal successor employer	- Name of previous					
In case of legal successor	 previous employment 	start o	late:	end date:		
Previous employment - Na	ame of employer					
Previous employment		start date		end date:		
Currently under notice?		□ yes □ no				
Type of employment		□ indefinite term □ definite, until:				
After the definite term the employment is extended:			yes □ no □ don't declare			
If the maternity leave status expires within 90 days, the employer takes on the employment □ yes □ no			□ yes □ no			
			ntly is? ☐ No ☐ Yes, but ended ☐ 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	□ yes □ no		
Economic sector	Main activity sector: □ Pharmaceutical industry □ Manufacturing and processing □ Public utility, public service □ Automotive industry □ Paper and paper processing □ Agriculture, forestry □ Building and building material industry □ State □ Steel industry and metal processing □ Financial services □ White collar services (e.g. tax consultant) □ Food industry □ Oil and gas industry □ Textil and clothing industry □ Blue collar services (e.g. hairdresser) □ Media □ Food trade □ Technology companies □ Manufacture of durable goods □ Real estate □ Chemical industry □ Other industry □ Trade in non-food items □ Mining □ Hotel and catering, tourism □ Courier and shipping □ Telecommunications and post					
or the authorized signatory	employee and the employer y of this certificate	□ no relation □ ownership □ relative				
Name of the person responsible for filling in and signature						



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3. Salary information						
GROSS base salary		currency:				
Salary payment method			☐ in cash ☐ by transfer			
Was there a rise in the last three months? If yes, the gross amount of it			□ yes, fro	m: amou	nt:	currency:
Is there any deduction from the salary or salary	advance?			□ yes	□ no	
If yes, the ground of deduction						
Period of deduction				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 payme	nt: 🗆 yes	□ no
II.) Of which the amount of reward/bonus/				Frequency: monthl	y 🛘 quarter	ly
commission (underline the appropriate one) III.) Of which the amount of other allowances**				Ground:		
and their ground IV. Net income: without other non-regular				Cround.		
allowances and other deductions (I-II-III)	-					
Period (month of certified salary)		<u> </u>	`	Year	Mo	onth
	Gross	6	Net			
I.) Amount of salary paid				Contains sick paymer	nt: □ yes	□ no
II.) Of which the amount of reward/bonus/commission (underline the appropriate one)				Frequency: monthly	y □ quarterl	у
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	ſ	Month	
Gross	Gross	3	Net			
I.) Amount of salary paid				Contains sick paymer	nt: 🗆 yes	□ no
II.) Of which the amount of reward/bonus/ commission (underline the appropriate one)				Frequency: monthly	y □ quarterl	y
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 depanding 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.

Name of the person responsible for filling in		
The person responsible for filling in is	□ employee of the company	□ external payroll accounter Name of the company:
E-mail address of the person responsible for filling in		
Phone number		
The employee filled the statement of	of consent:	
Signature of the person responsible for filling in		
Employer's authorized signature and seal:		
Name of underwriters (readable):		
Issued in,	20	
	Statement of Consent by Employee	9
I, the undersigned,		
Name:		
Name of birth:		
Place, date of birth:		
Mother's maiden name:		
hereby consent and authorize		
Name of employer		
to provide information concerning my data of this employment certification.	personal data to any request of Takaré l	kbank Zrt. made by phone or in writing to verify
ssued in,	20	
		Name of employee