

We kindly request from the person filling in this certificate to complete all the fields below, since the Bank can only accept fully completed certificates to which the corporate signature is affixed, otherwise we will have to request to complete the certificate again.

Particulars of the Employer

Name of the Employer		
Tax number		
Employer's main scope of activity		
<input type="checkbox"/> healthcare, social care	<input type="checkbox"/> IT	<input type="checkbox"/> industry, processing industry
<input type="checkbox"/> construction industry	<input type="checkbox"/> commerce, catering	<input type="checkbox"/> agriculture
<input type="checkbox"/> government, local government, education	<input type="checkbox"/> financial/legal/other advisory services	<input type="checkbox"/> shipping, warehousing
<input type="checkbox"/> telecommunication, communication, marketing	<input type="checkbox"/> tourism	<input type="checkbox"/> Other _____
The Employer is subject to liquidation, bankruptcy or dissolution proceedings		Number of Employees
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> Above 50	

Particulars of the Employee

Employee's name	Date of birth (Y/M/D)	Place of birth
Occupation	Relationship between the Employer, the authorised signatory of the company / the signatory of this Certificate of	
Probationary period completed	<input type="checkbox"/> no relationship <input type="checkbox"/> ownership <input type="checkbox"/> close relative	
Starting date of employment (Y/M/D)	Employment Agreement	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Concluded for an indefinite term <input type="checkbox"/> Concluded for a fixed term, expiration (Y/M/D) _____	

Income data

Net salary of the last three months			
Date	_____ year _____ month	_____ year _____ month	_____ year _____ month
Monthly net base salary (without allowances, per-diem fees or other deductions, Bonus, reward, Cost reimbursement)			
	□,□□□,□□□ Ft	□,□□□,□□□ Ft	□,□□□,□□□ Ft
Name of other income (without allowances, per-diem fees or other deductions, Bonus, reward)			
Denomination:	□,□□□,□□□ Ft	□,□□□,□□□ Ft	□,□□□,□□□ Ft
Names of deductions, attachments and employer's loan levied on income			
	□,□□□,□□□ Ft	□,□□□,□□□ Ft	□,□□□,□□□ Ft
Net amount of cafeteria			
	□,□□□,□□□ Ft	□,□□□,□□□ Ft	□,□□□,□□□ Ft
Type of family benefits	Start date (Y/M/D)	End date (Y/M/D)	Amount
<input type="checkbox"/> Infant care support (CSED)			□,□□□,□□□ Ft
<input type="checkbox"/> Child care benefit (GYED) <input type="checkbox"/> None			

Person filling in this form

<input type="checkbox"/> Employer <input type="checkbox"/> Payroll accounting company	Name of payroll	Tax number
Name of the person filling in	Workplace phone number of the person filling in	

We have issued this certificate for the purpose of a loan provided by UniCredit Bank Hungary Zrt. to the Employee and we also hereby confirm that all taxes have been paid with respect to the income recorded in the certificate and that the above-mentioned Employee is not under notice to terminate his/her employment.

Name of the signatory party (in block capitals):	Authorized company signature of Employer
Date (Y/M/D)	

I, the **undersigned employee** of this statement, I consent that the employer present employer's income certificate data to UniCredit bank Hungary Zrt. according to verify the data content of the Employer's Income Certificate. I submit the employer's certificate to UniCredit Bank Hungary Zrt. as an annex of the credit application and I agree to use this document for credit evaluation.

Employee's signature
