

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		
Registered office	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		Name at birth	
Mother's		Place of birth	Date of birth
Occupation	Position		
	<input type="checkbox"/> Top manager	<input type="checkbox"/> Middle manager	
	<input type="checkbox"/> Other professional employee	<input type="checkbox"/> Manual worker	
Probationary period completed	Relationship between the Employer, the authorised signatory of the company / the signatory of this Certificate of		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> no relationship	<input type="checkbox"/> ownership	<input type="checkbox"/> close relative
Starting date of employment	Employment Agreement		
	<input type="checkbox"/> Concluded for an indefinite term		<input type="checkbox"/> Concluded for a fixed term, <b>expiration:</b>

**Income data**

Monthly gross salary based on grade level (without)	Method of payment of salary			
	<input type="checkbox"/> Transfer <input type="checkbox"/> Cash <input type="checkbox"/> Transfer and cash			
<b>Net salary of the last four months (if the term of employment does not exceed three months, naturally only these three months need to be specified)</b>				
Date	<input type="text"/> year <input type="text"/> month	<input type="text"/> year <input type="text"/> month	<input type="text"/> year <input type="text"/> month	<input type="text"/> year <input type="text"/> month
Monthly net base salary (without allowances, per-diem fees or other deductions)	<input type="text"/> HUF	<input type="text"/> HUF	<input type="text"/> HUF	<input type="text"/> HUF
Cost reimbursement	<input type="text"/> HUF	<input type="text"/> HUF	<input type="text"/> HUF	<input type="text"/> HUF
Bonus, reward	<input type="text"/> HUF	<input type="text"/> HUF	<input type="text"/> HUF	<input type="text"/> HUF
Name of other income	<input type="text"/> HUF	<input type="text"/> HUF	<input type="text"/> HUF	<input type="text"/> HUF
Names of deductions, attachments and employer's loan levied on income				
	<input type="text"/> HUF	<input type="text"/> HUF	<input type="text"/> HUF	<input type="text"/> HUF
Monthly net salary transferred/paid	<input type="text"/> HUF	<input type="text"/> HUF	<input type="text"/> HUF	<input type="text"/> HUF
Net amount of cafeteria	<input type="text"/> HUF	<input type="text"/> HUF	<input type="text"/> HUF	<input type="text"/> HUF
Type of family benefits	Star	End date	Amount	
<input type="checkbox"/> Infant care support (CSED)			<input type="text"/> HUF	
<input type="checkbox"/> Child care benefit (GYED) <input type="checkbox"/> None				

**Person filling in this form**

Employer <input type="checkbox"/> Payroll accounting company <input type="checkbox"/>	Name of payroll	Tax number
Name of the person filling in	Workplace phone number of the person filling in	
Fax number and e-mail address where the Certificate of Employment can be sent for verification purposes		

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	