

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	Place of birth	Date of birth	Occupation
Is the employee currently on probation period?	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		
Is the employee under termination?	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)		
Starting date of employment (Y/M/D)	The employment will be extended at least with 6 month after the end of a fixed-term employment relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the employee currently incapacity for work?	Start date of the incapacity		
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Income data

Monthly gross base salary (without allowances, bonus)	Wage payment method				
	<input type="checkbox"/> by transfer to bank account <input type="checkbox"/> in cash <input type="checkbox"/> by transfer to bank account and in cash				
The net salary of January and February and the last three months in 2020					
Date	2020 year 01 month	2020 year 02 month	_____ year _____ month	_____ year _____ month	_____ year _____ month
Monthly net base salary (without allowances, per-diem fees or other deductions)	_____ Ft	_____ Ft	_____ Ft	_____ Ft	_____ Ft
Cost reimbursement	_____ Ft	_____ Ft	_____ Ft	_____ Ft	_____ Ft
Bonus, reward	_____ Ft	_____ Ft	_____ Ft	_____ Ft	_____ Ft
Overtime, performance pay	_____ Ft	_____ Ft	_____ Ft	_____ Ft	_____ Ft
Name of other income (wage supplements, commission, standby fee, daily allowance, fuel savings)	_____ Ft	_____ Ft	_____ Ft	_____ Ft	_____ Ft
Name of deductions, prohibitions and employer's loan levied on income	_____ Ft	_____ Ft	_____ Ft	_____ Ft	_____ Ft
Amount of annual net cafeteria benefits received	_____ Ft				
Type of family benefits	Start date (Y/M/D)	End date (Y/M/D)	Amount		
<input type="checkbox"/> CSED <input type="checkbox"/> GYED <input type="checkbox"/> None			_____ Ft		

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	

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.

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
