**INCOME AND wORK CONFIRMATION**

**Employer’s data**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | | | | | |
| Address: | | | | | |
| Tax number: | | Phone number: | | | |
| Court registration number: | | | | | |
| For the completion responsible person:  Position:       Phone number: | | | | | |
| Main scope of activity\* | | | | | |
| * Public Administration or public service * Police, Military, Fire Department, Customs Authority | * Telecommunications, IT Services * Finance, Insurance * Commerce, Service | | * Forwarding, Transportation * Health care or culture * Agriculture | * Building Industry * Tourism * Education | * Industry * Transport, Traffic * Law |
| * Other*:* | | | | | |

**Employee‘s data**

|  |  |
| --- | --- |
| Name: | |
| ID number: | Start date of current employment / start of business: |
| Profession: | |
| Position: *manager / other clerical staff / physical employee\*, other:* | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monthly gross salary:**       *HUF / EUR / USD / CHF\** | | | | |
| **Net wage /-salary** - **average of the last 3 months** (without allowances): | | | | |
| Amount: | *HUF / EUR / USD / CHF\** | *HUF / EUR / USD / CHF\** | | *HUF / EUR / USD / CHF\** |
| Period: | Month | Month | | Month |
| **Net allowances** - **average of the last 3 months**: | | | | |
| Amount: | *HUF / EUR / USD / CHF\** | *HUF / EUR / USD / CHF\** | | *HUF / EUR / USD / CHF\** |
| Period: | Month | Month | | Month |
| **Net** amount of the **bonus or premium** in the **year** preceding the issuance of the certificate: | | | | |
| *HUF / EUR / USD / CHF\** | | | Date of payment(s): | |
| **Cafeteria annual net amount:**       *HUF / EUR / USD / CHF\*/Year* | | | | |
| **Repayment or deduction:**       *HUF / EUR / USD / CHF\*/Month* | | | | |

**I declare under my criminal responsibility that:**

- Herewith we confirm, that the above named employee is employed at our company with a valid work contract for an **indefinite time / fixed term** till       year       month       day.\*

- Further we confirm that our above named employee is currently not under probation or termination.

- We hereby certify that our company has paid the dues after the income(s) of our above-named employee.

- With our signature we confirm, that there is no bankruptcy proceeding instituted against our company and that our company is not faced with liquidation (according to law).

- I have the right to issue the certificate.

- The information on the certificate is true and I agree to verify the accuracy of the information on the certificate.

If the employer's corporate form is public limited company, limited liability company, (Plc., Ltd.) limited or general partnership:

We declare that the Employee is the **owner / non-owner** of the Employer \*,

respectively Employee is a **direct relative / non-direct relative** of the Employer's owner \*.

This certificate was issued to the employee's loan application to be submitted to Sopron Bank Burgenland Zrt.

      (Place),       (Date)

Signature of employer or

authorized to represent

readable name of signatories

\*Mark as appropriate!