**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!