

## 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*	
<ul style="list-style-type: none"> <li>• Public Administration or public service</li> <li>• Police, Military, Fire Department, Customs Authority</li> <li>• Other:</li> </ul>	<ul style="list-style-type: none"> <li>• Telecommunications, IT Services</li> <li>• Finance, Insurance</li> <li>• Commerce, Service</li> </ul>
<ul style="list-style-type: none"> <li>• Forwarding, Transportation</li> <li>• Health care or culture</li> <li>• Agriculture</li> </ul>	<ul style="list-style-type: none"> <li>• Building Industry</li> <li>• Tourism</li> <li>• Education</li> </ul>
<ul style="list-style-type: none"> <li>• Industry</li> <li>• Transport, Traffic</li> <li>• Law</li> </ul>	

### Employee's data

Name:	
ID number:	Start date of current employment / start of business:
Profession:	
Position: <i>manager / other clerical staff / physical employee*, other:</i>	

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

### 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!