

**CERTIFICATE OF EMPLOYMENT FOR MORTGAGE LOANS
AND APPLICATION FOR PRENATAL BABY SUPPORT**

2023_V0_20230801

PLEASE COMPLETE IN CAPITAL LETTERS

In case of applications for Certified Consumer-Friendly Housing Loan, the Bank also accepts the form prepared by the MNB!

EMPLOYEE DATA

Name of the employee		
Date and place of birth		
Work phone number	/	extension
Current position	<input type="radio"/> senior executive <input type="radio"/> middle-level manager <input type="radio"/> other knowledge worker <input type="radio"/> manual worker	
Occupation		
Employment	hours per week / day	
Probation time	<input type="radio"/> in progress - end date:	<input type="radio"/> ended
The employee is	<input type="radio"/> active <input type="radio"/> passive (sick pay) <input type="radio"/> maternity leave until:	
In case of passive status, the commencement date		
Commencement date of current employment		
The employee is under dismissal	<input type="radio"/> yes <input type="radio"/> no	
The employment contract of the employee is for	<input type="radio"/> indefinite term <input type="radio"/> definite term	
In case of definite term, the employment ends on		
Upon the end of the definite term, the employment is extended		
<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> don't declare		
Was the employee on sickness payment for more than 30 days in the last 3 months or currently is		
<input type="radio"/> yes <input type="radio"/> no/currently not <input type="radio"/> no/ currently not:		
If the maternity leave status expires within 90 days, the employer undertakes to continue the employment		
<input type="radio"/> yes <input type="radio"/> no		

EMPLOYER DATA - TO BE FILLED IN BY THE EMPLOYER

Name of the employer		
Registered seat		
Address of the employer		
Place of work:		
Telephone number:		
Tax registration number		
Company registration number		
Economic sector	<input type="radio"/> Industry, processing-industry	<input type="radio"/> Agriculture <input type="radio"/> Commerce, Hospitality, freight forwarding, travel, telecommunications <input type="radio"/> Financial, legal acticiity and ancillary services <input type="radio"/> Education, health, government, social work, other social services
Main activity of the company	<input type="radio"/> hospitality and tourism <input type="radio"/> passenger transport <input type="radio"/> employment agency services <input type="radio"/> sport, - entertainment <input type="radio"/> event organization <input type="radio"/> performing arts <input type="radio"/> non of them	
Relationship between the employee, the employer and the authorized representative/signatory of the certificate of employment	<input type="radio"/> no relation <input type="radio"/> ownership <input type="radio"/> close relative	
Name of the person responsible for filling in		
The person responsible for filling in is an	<input type="radio"/> employee of the employing company	<input type="radio"/> employee of an external payroll6accounting company Name of the company:
E-mail adress of the person responsible for filling in		
Phone number	/	extension
Fax number		

.....
Signature of the person responsible for filling in

SALARY INFORMATION

GROSS base salary	currency:	
Salary payment method	<input type="radio"/> In cash	<input type="radio"/> By transfer
Has there been a salary increase in the last 3 month? If so, the amount thereof is		
Is there garnishment, advance regarding the salary?	<input type="radio"/> yes <input type="radio"/> no	
If yes, the ground for garnishment		
Period of the garnishment	from	to
Amount of the garnishment	(amount, currency) OR % of the income	

SALARY OF THE LAST THREE MONTHS

Period (month of certified salary)	Year		Month
	Gross	Net	
The amount of monthly salary paid			Contains sick leave income <input type="radio"/> Yes <input type="radio"/> No
Of which the amount of reward / bonus / commission (underline the appropriate one!)			Frequency: <input type="radio"/> monthly <input type="radio"/> quarterly
Of which the amount of regular allowances and their ground			For example: performance pay, shift allowance, night supplement, contingency fee, on-call fee, etc.
Of which the amount of NON-regular allowances and their ground*			For example: travel fee, charge per day, overwork, fuel saving, housing allowance, etc.

Period (month of certified salary)	Year		Month
	Gross	Net	
The amount of monthly salary paid			Contains sick leave income <input type="radio"/> Yes <input type="radio"/> No
Of which the amount of reward / bonus / commission (underline the appropriate one!)			Frequency: <input type="radio"/> monthly <input type="radio"/> quarterly
Of which the amount of regular allowances and their ground			For example: performance pay, shift allowance, night supplement, contingency fee, on-call fee, etc.
Of which the amount of NON-regular allowances and their ground*			For example: travel fee, charge per day, overwork, fuel saving, housing allowance, etc.

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Of which the amount of regular allowances and their ground			For example: performance pay, shift allowance, night supplement, contingency fee, on-call fee, etc.
Of which the amount of NON-regular allowances and their ground*			For example: travel fee, charge per day, overwork, fuel saving, housing allowance, etc.

**Allowances: other non-regular allowances, reimbursement of travel expenses, fuel saving, clothing allowance, staff reward, service fee, daily allowance, housing allowance, etc. (unacceptable types of income)*

We declare that for the above-mentioned incomes the prescribed public dues have been paid.

PLACE AND DATE:

.....
Authorized signature of the employer
Place of the stamp

Name of signatory 1 in capital letters:

Name of signatory 2 in capital letters: