

EMPLOYEE INCOME STATEMENT FOR UNSECURED LOANS

PLEASE USE CAPITAL LETTERS!!

Employee's data – as reported by employer

Employee's name: _____

Mother's maiden name: _____

Date of birth: _____ year _____ month _____ day

Place of birth: _____

Direct phone nr. at work: +36 _____ ext: _____

- Job type:
- Executive manager/officer
 - Intellectual employee
 - Owner
 - Mid-level/senior manager
 - Physical employee
 - Member in ltd partnership comp.

Employee entitled to represent the firm? Yes No

Employee employed by close relative? Yes No

Occupation: _____

Employed in: _____ working hours

Start of employment: _____ year _____ month _____ day

Term of contract: indefinite

definite, ending on:
_____ year _____ month _____ day

Definite contract to be extended? Yes No

Employer's data – as reported by employer

Employer's name: _____

HQ address: _____ zip code _____ city

_____ street

_____ nr. _____ floor. _____ door

Contact address (if different from HQ)

_____ zip code. _____ city

_____ street

_____ nr. _____ floor. _____ door

Fiscal code: _____

Company registry nr.: _____

Central phone nr.: +36 _____ ext.: _____

Name of person filling the form: _____

Phone nr.: +36 _____ ext: _____

E-mail: _____

Email address is to be used for verification purposes, please answer this field accordingly.

Sector:

- manufacturing industry
- agriculture
- trade, catering, shipment, travel industry
- financial, legal activities
- education, healthcare, public sector, social care services
- other: _____

Net income data (last 3 month)

Year / month	_____ year / _____ month	_____ year / _____ month	_____ year / _____ month
I. Regular monthly net salary amount			
II. Any regular* or non-regular allowances included in the above figures			
III. Calculated income (= I. – II.) (without allowances)			

* Including: non-regular allowances / benefits, reimbursement of travel expenses, fuel savings, clothing allowances, loyalty bonus for service period, service fee, per diem, housing / rent allowance, overtime allowance, non-regular shift allowance, performance based salary (performance related part), bonus with less than monthly frequency, reward.

Total deductions**: amount: _____ reason: _____

period: from: _____ year _____ month _____ day till: _____ year _____ month _____ day

** All deductions applied on the net base salary should be indicated here, including deductions related to advanced salary, child support, employer loan, deductions of other authorities, etc.

Employee received a paid sick leave: Yes, from: _____ No

Other declarations

Annual net cafeteria benefit amount: _____

Currently serving probation period: Yes No

Currently serving notice period: Yes No

Does the income paid in cash? Yes No

Employment status: active passive, reason:
 maternity leave till:

Common charges have been paid after the income reflected on the income statement. The undersigned employer declares that proceedings have not been initiated against our company on the basis of the Act on Bankruptcy and Liquidation.

_____, _____ day _____ month _____ year.

Employer's authorized signature