

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

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	senior executive middle-level manager other knowledge worker manual worker
Occupation	
Employment	hours per week / day
Probation time	in progress - end date: ended
The employee is	active passive (sick pay) maternity leave until:
In case of passive status, the commencement date	
Commencement date of current employment	
The employee is under dismissal	yes no
The employment contract of the employee is for	indefinite term definite term
In case of definite term, the employment ends on	
Upon the end of the definite term, the employment is extended	yes no don't declare
Was the employee on sickness payment for more than 30 days in the last 3 months or currently is?	yes no/currently not no/ currently not:
If the maternity leave status expires within 90 days, the employer undertakes to continue the employment	yes 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	Industry, processing-industry	Agriculture	Commerce, Hospitality, freight forwarding, travel, telecommunications	Financial, legal activity and ancillary services	Education, health, government, social work, other social services
Main activity of the company	hospitality and tourism sport, - entertainment non of them		passenger transport event organization	employment agency services performing arts	
Relationship between the employee, the employer and the authorized representative/signatory of the certificate of employment	no relation		ownership	close relative	
Name of the person responsible for filling in					
The person responsible for filling in is an	employee of the employing company	employee of an external payroll/accounting 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	In cash 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?	yes 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	Yes No
Of which the amount of reward / bonus / commission (underline the appropriate one!)			Frequency: monthly 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	Yes No
Of which the amount of reward / bonus / commission (underline the appropriate one!)			Frequency: monthly 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.	
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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:

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Authorized signature of the employer
Place of the stamp

Name of signatory 1 in capital letters:

Name of signatory 2 in capital letters: