

PLEASE FILL IN CAPITAL LETTERS!

## PROOF OF INCOME – EMPLOYER’S DECLARATION FORM

The form have to be filled by the Employer

### I. Employer’s information

Employer’s name			
Employer’s address			
Tax number		Registration number	
Sector of employment			
Company / business establishment date			
The employer is under bankruptcy or liquidation proceedings:	<input type="checkbox"/> yes <input type="checkbox"/> no		
The employer is subject to enforcement proceedings:	<input type="checkbox"/> yes <input type="checkbox"/> no		

### II. Employee’s information

Employee’s name		Birth name	
Date of birth		Birth place	
Mother’s birth /maidenname			
Position of employee	<input type="checkbox"/> Executive employee <input type="checkbox"/> Mid-level employee <input type="checkbox"/> White-collar employee <input type="checkbox"/> Blue-collar employee		
Employee’s job title			
Place of work			
Commencement of current employment		Weekly working time	hour
Termination of employment	<input type="checkbox"/> yes <input type="checkbox"/> no	Trial period	<input type="checkbox"/> yes <input type="checkbox"/> no
Are you in inactive stock?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, the starting date:	
Type of employment contract	<input type="checkbox"/> indefinite <input type="checkbox"/> definite, until ..... Is it extended after the expiration? <input type="checkbox"/> yes <input type="checkbox"/> no		

### III. Income

Current gross monthly basic salary (without bonus)	<b>HUF/EUR/USD</b>
Average monthly gross income calculated on the basis of the last 3 months ( <u>without bonus</u> )	<b>HUF/EUR/USD</b>
Average monthly gross other income (bonus, overtime money, etc.)	<b>HUF/EUR/USD</b>
Do you claim family tax allowance? If yes, the net amount of the last month:	<input type="checkbox"/> yes <input type="checkbox"/> no <b>HUF/EUR/USD</b>
Are you claiming the benefit for young people under 25?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are you claiming the benefit for mothers under 30?	<input type="checkbox"/> yes <input type="checkbox"/> no
Yearly net cafeteria benefits	<b>HUF/EUR/USD</b>
Net premium/bonus/reward/ paid in the last 12 months	<b>HUF/EUR/USD</b>
Is the monthly income transferred by an accredited company? (F.e.accountant)	<input type="checkbox"/> yes, company name..... <input type="checkbox"/> no
Type of the income’s transfer	<input type="checkbox"/> cash <input type="checkbox"/> transfer to a bank account <input type="checkbox"/> cash and transfer

**IV. Deductions**

Does the Employee have an employer loan?	<input type="checkbox"/> yes <input type="checkbox"/> no
Amount of outstanding debt:	..... HUF/EUR/USD
Monthly instalment:	..... HUF/EUR/USD per month
Employer loan maturity date:	.....
Other deductions from net income:	
..... due to .....	until ..... HUF per month
..... due to .....	until ..... HUF per month

**V. Family benefits**

The employee is on <input type="checkbox"/> CSED (Child care benefit) <input type="checkbox"/> GYED ( Child care allowance) with an expiry date of .....
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**MagNet Hungarian Community Bank treats the data received as banking secrecy.**

We confirm that no proceedings are pending against the company under Act XLIX of 1991 on bankruptcy and liquidation proceedings. This certificate also certifies that the required public charges have been paid on the certified income. The employer accepts financial responsibility for the accuracy of the information provided. This certificate is issued in support of the employee's application for a loan from MagNet Hungarian Community Bank Zrt.

**Person who issued the certificate**

Name		Position	
Telephone number\ ext.			
E-mail adress:			

Place and date:.....

.....  
**Authorized signature and official seal**