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| **EMPLOYMENT CERTIFICATION FOR INCOME ABROAD****We are asking the competent person, who fills out this form to fill it completely, because the Bank can accept the form only with all the needed information and official signature. In case of incomplete form we have to ask to fill it again.**  |
| 1. **Employer Data**
 |
| **Name of employer:**  |
| **Company registration number/business license number:**  |

|  |  |
| --- | --- |
| **Tel:** | **Tax identification number:** |
| **Address (also the Country):**  |
| **Place of work (also the Country):** |
| **Main activity:** | **NACE code:** |
| **Number of employees:** **** 1 **** 2- 4 **** 5-9 **** 10-24 **** 25-49 **** 50-199 **** 200-500 ** over** 500 ** over** 10.000  |
| **The employer is under liquidation or bankruptcy proceedings: ** Yes **** No |

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| **Main activity sector: ** Pharmaceutical industry **** Manufacturing and processing **** Public utility, public service**** Automotive industry **** Paper and paper processing **** Agriculture, forestry **** Building and building materials industry **** State **** Steel industry and metal processing **** Financial Services **** White collar services (e.g. tax consultant)**** Food industry **** Oil and gas industry **** Textil and clothing industry **** Blue collar services (e.g. hairdresser)**** Media **** Food trade **** Technology companies **** Manufacture of durable goods**** Real estate **** Chemical industry **** Other industry **** Trade in non-food items**** Mining **** Hotel and catering, tourism **** Courier and shipping **** Telecommunications and post  |
| **Employment: ** civil servant **** public servant **** white-collar **** middle manager **** senior manager **** public works labourer **** student  **** family farmer ****company owner/self-employed **** physical worker **** retired **** lawyer/notary **** intellectual (e.g. journalist) **** Other |
| **Employee data** |
| **Name of employee**: |
| Name at birth: |
| Mother’s maiden name: | Place, date of birth: |
| Occupation: |
| Position: |
| **Type of employment**: **** full-time **** part-time | **Start of employment:** |
| **Type of employment**: **** indefinite **** definite, until \_\_\_\_\_\_\_\_\_\_\_ (dd) \_\_\_\_\_\_\_\_\_\_ (mm) \_\_\_\_\_\_\_\_\_ (yy) |
| **Currently under notice?** **** Yes **** No | **Serving probationary period?** **** Yes **** No |
| **Does the employee hold any shares in the employer company?** **** Yes **** No |
| **Is the employee a relative of the employer?[[1]](#footnote-1) ** Yes **** No |
| 1. **Income Data of Employee**
 |
| 1. **Certification of income for the last 3 months:**
 | \_\_\_\_\_\_\_\_(mm)\_\_\_\_\_\_\_\_(yy) | \_\_\_\_\_\_\_\_(mm)\_\_\_\_\_\_\_\_(yy) | \_\_\_\_\_\_\_(mm)\_\_\_\_\_\_\_(yy) |
| 1. **Net monthly basic salary amount** salary, shift allowance, performance pay (except in the 3;5 rows written data) without any deductions
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Reimbursement, daily allowance, fuel refund, travel costs:**
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Deductions** from the net income(e.g. salary advance, childcare etc.):
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Type/amount of the deduction:  | ……………………………. | ……………………………. | ……………………………. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Employer’s signature and seal:**  |
| 1. **Bonus, reward amount,** date of pay (the last 3 times in the last 12 months)
 | ………….....yy……...……mm\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ………….....yy……...……mm\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ………….....yy……...……mm\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Is the salary transferred by a contracted company** (e.g. accountant)**?**
 | **** Yes , name of the company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **** No |
| 1. **Mode of payment of salary**: **** Transfer **** Cash
 |
| 1. **Has the employee been on sickness benefit for more than 30 days in the last 3 months? Is he/she currently on sickness benefit? ** Yes **** Currently is **** No / Currently not
 |
| 1. **Previous Employment Data (only fill in if applying for a personal loan or credit card!)[[2]](#footnote-2)**
 |
| **Name of previous employer:** |
| **Start of previous employment:** | **End of previous employment:** |
| 1. **Form Completion Data**
 |
| **Name of person responsible for completing the form:** | **Tel:** |
| **I have received the declaration of consent of the employee** **** Yes **** No |

**I, the undersigned individual responsible for issuing the certification, hereby declare in full awareness of my criminal responsibility that**

**• the company is not subject to liquidation, bankruptcy or winding up;**

**• all of the above taxes and contributions have been deducted from the salary of the employee and paid.**

**Furthermore, we hereby acknowledge that the application submitted by the employee to the credit institution may not be assessed if the employer fails to provide any given certifying data in the event of any request for information made to the credit institution.**

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| --- | --- |
| **Employer’s signature and seal:****Name of underwriters (readable):** |  |
| **Issued in…………………………….., ………2021** |

**Declaration of Consent by Employee**

**I, the undersigned,**

|  |  |
| --- | --- |
| Name:  |  |
| Name of birth:  |  |
| Place, date of birth:  |  |
| Mother’s name: |  |

**hereby consent and authorise**

|  |  |
| --- | --- |
| Name of employer:  |  |

to provide information concerning my personal data to the credit institution for the purpose of verifying the data, information provided in the employment certification at the request of **Takarékbank Zrt** made by phone or in writing to verify the data, information provided in the employment certification.

Issued in …………………………….., ……… 2021

 …………………………………...…………….. **Name of employee**

1. Relative: spouse/partner; next of kin; adopted child, stepchild; adoptive, step and foster parent; spouse of sibling, half sibling next of kin, next of kin and sibling of spouse, spouse of sibling [↑](#footnote-ref-1)
2. If the employee has been working at his/her current workplace for less than 12 months [↑](#footnote-ref-2)