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:	☐ yes ☐ no		
The employer is subject to enforcement proceedings:	☐ yes ☐ no		

II. Employee's information

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

III. Income

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

IV. Deductions

Does the Employee have an employer loan? Amount of outstanding debt: Monthly instalment: Employer loan maturity date:	☐ yes ☐ no ……. HUF/EUR/USD …… HUF/EUR/USD per month ……
Other deductions from net income: ..... due to ..... until ..... HUF per month ..... due to ..... until ..... HUF per month	

V. Family benefits

The employee is on ☐ CSED (Child care benefit) ☐ GYED (Child care allowance) with an expiry date of ……

Polgari 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 Polgari Bank Zrt.

Person who issued the certificate

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

Place and date.:……. **..……**

Authorized signature and official seal