



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. Employee received a paid sick leave	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
IV. Total deductions**	amount: _____	_____	_____
	reason: _____	_____	_____
	period: from: _____ year ____ month ____ day	till: _____ year ____ month ____ day	
V. Net income (= I. - II. - IV.) (without allowances)			

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

** 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.

Other declarations

Annual net cafeteria benefit amount: _____ HUF

Currently serving probation period: Yes No

Currently serving notice period: Yes No

Income is paid: in cash
 by bank transfer

Employment status: active passive, reason:
 maternity leave

Maternity leave till: _____

Common charges have been paid after the income reflected on the income statement.

_____, _____ day _____ month _____ year.

Employer's authorized signature