



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

PLEASE COMPETE IN CAPITAL LETTERS

*In case of applications for Certified Consumer-Friendly Housing Loan, the Bank also accepts the form prepared by the MNB!*

2020\_V1\_20200401

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
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					
Adress of the employer					
Tax registration number					
Company registration number					
Economic sector	Industry, processing industry	Agriculture	Commerce, Hospitality, freight forwarding, travel, telecommunications	Financial, legal actiicity and ancillary services	Education, health, government, social work, other social services
Main activity of the company	hospitality and tourism    sport, - entertainment		passenger transport    event organization	employment agency services    performing arts	
	<b>non of them</b>				
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	biannual	annual
Of which the amount of shift allowance / overtime (underline the appropriate one!)			Frequency:	monthly	quarterly	biannual	annual
Of which the amount and title of other allowances*			Title:				

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	biannual	annual
Of which the amount of shift allowance / overtime (underline the appropriate one!)			Frequency:	monthly	quarterly	biannual	annual
Of which the amount and title of other allowances*			Title:				

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	biannual	annual
Of which the amount of shift allowance / overtime (underline the appropriate one!)			Frequency:	monthly	quarterly	biannual	annual
Of which the amount and title of other allowances*			Title:				

*\*Other 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: .....

.....  
Authorized signature of the employer  
Place of the stamp

Name of signatory 1 in capital letters:

Name of signatory 2 in capital letters: