Raiffeisen Bank

EMPLOYER'S CERTIFICATE OF INCOME

A condition of the validity of the employer's certificate is that all fields are completed (please leave non-relevant fields blank), the certificate is officially signed by the Employer (in the case of an electronically submitted certificate, an electronic signature or a signature stamp - digital signature image should be provided), and - if applicable - the Employer's confirmation regarding the content and validity of the information provided.

DETAILS OF THE EMPLOYER

Employer's name:	**Employer's tax number:** .....
Employer's address:	**Employer's webpage:*** .....
Employer's telephone number:*	**Employer's email address:*** .....

*Please, provide public Employer's telephone number (e.g. on the public website of the company, through directory enquiries or from public company database).

Main activities of the company:

☐ Healthcare, education, goverment, social care, local goverment	☐ Trade, catering, telecommunications, transportation, tourism
☐ Financial services, legal and related servies, other advisory activity	☐ Construction industry
☐ Industry, manufacturing	☐ Agriculture
☐ Other (please specify activity):	

Is the employer under liquidation, bankruptcy or dissolution? ☐ Yes ☐ No

CERTIFICATE - RESPONSIBLE FOR COMPLETING THE FORM

☐ Employer ☐ External payroll accountant

Company responsible for the payroll: .....

Tax number of the payroll company: .....

Name of person responsible for completing the form: .....

Workphone number of responsible person: .....

E-mail address of responsible person: .....

Confirmation of employer's data by: ☐ Telephone ☐ E-mail

This certificate has been issued at the request of the Employee, in connection with his/her loan application submitted to Raiffeisen Bank Zrt. In full knowledge of my/our responsibility under criminal law, I/we declare, that the details in this certificate are valid and correct, and the prescribed taxes and contributions have been paid in respect of the certified earnings stated herein.

Relationship between the employee and the employer or the authorized signatory of this certificate:

☐ no relation ☐ ownership ☐ relative**

** relative: spouse, direct relative, adopted child, step child, adopting parent, step-parent, sibling), companion, spouse ofdirect relative, direct relative of spouse or brother/sister of spouse, spouse of brother/sister

DETAILS OF THE EMPLOYEE

PERSONAL DATA

Employee's name: .....

Employee's birth name: .....

Place of birth: ..... **Date of birth:** ☐☐☐☐ year ☐☐ month ☐☐ day

Mother's maiden name: .....

EMPLOYMENT-RELATED INFORMATION

Employee's job title: .....

Employee is working under resignation? ☐ Yes ☐ No

Employee's position: ☐ senior/top manager ☐ mid-manager ☐ other white-collar ☐ blue-collar

Start of employment: ☐☐☐☐ year ☐☐ month ☐☐ day

Is the Employee under probation? ☐ Yes ☐ No **End of probationary period:** ☐☐☐☐ year ☐☐ month ☐☐ day

Type of employment: ☐ open-ended ☐ fixed-term, end of contract: ☐☐☐☐ year ☐☐ month ☐☐ day

Employer's letter of intent: Should the fixed-term contract expire within 9 months from the date of this certificate, will the employment be extended? ☐ Yes ☐ No

Has the Employee been on sick leave in the last 3 months or is the employee on sick leave now? ☐ Yes ☐ No

Has the Employee been of NOT earning capacity, if so please specify the period: The beginning of it: ☐☐☐☐ year ☐☐ month ☐☐ day

and The end of it: ☐☐☐☐ year ☐☐ month ☐☐ day

Weekly working hours: ☐☐

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SALARY'S DATA

Please specify the currency: .....

Payment method of salary: ☐ Transfer ☐ In cash ☐ Transfer and cash

GROSS base salary (excluded bonus, reward paid, other allowance, income supplements, etc.): ☐☐☐☐☐☐☐

Does the Employee claim the family tax allowance? ☐ Yes, after ..... children OR ☐ No

Any other tax allowances, please specify: .....

Tax base reduction amount: ☐☐☐☐☐☐☐

Net amount of Infant Care Fee (CSED) (if the employer is a social security payer): ☐☐☐☐☐☐☐	**Expiration date:** ☐☐☐☐ year ☐☐ month ☐☐ day
Net amount of Child Care Fee (GYED) (if the employer is a social security payer): ☐☐☐☐☐☐☐	**Expiration date:** ☐☐☐☐ year ☐☐ month ☐☐ day

Income (net) for the last 3 months and currency			
Period:	☐☐☐☐ year ☐☐ month	☐☐☐☐ year ☐☐ month	☐☐☐☐ year ☐☐ month
Monthly net salary/hourly wage (without other allowance, income supplements, deductions):	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐
Number of hours worked - by hourly wage (hours per month):	☐☐☐ hours	☐☐☐ hours	☐☐☐ hours
Monthly net regular supplements, allowances: ☐ shift allowance ☐ night shift allowance ☐ afternoon shift allowance ☐ Sunday - holiday shift allowance ☐ language allowance ☐ commision ☐ standby allowance ☐ variable wage ☐ performance wage ☐ on-call wage allowance	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐
Other non-regular supplements, allowances: ☐ overtime fee ☐ fuel refund ☐ clothing allowance ☐ reimbursement of travel expenses ☐ core tam reward ☐ housing support	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐
Daily allowance:	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐
Any other income, please specify:	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐
Monthly net transferred/paid salary:	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐

Additional income
Annual net cafeteria amount: ☐☐☐☐☐☐☐
Annual net premium, reward, bonus amount: ☐☐☐☐☐☐☐
Annual honorarium amount: ☐☐☐☐☐☐☐

Deductions from wages	
Legal ground of deduction:	
Total amount of deduction: ☐☐☐☐☐☐☐	**Monthly amount of deduction:** ☐☐☐☐☐☐☐
Start of deduction: ☐☐☐☐ year ☐☐ month	**End of deduction:** ☐☐☐☐ year ☐☐ month
Legal ground of deduction:	
Total amount of deduction: ☐☐☐☐☐☐☐	**Monthly amount of deduction:** ☐☐☐☐☐☐☐
Start of deduction: ☐☐☐☐ year ☐☐ month	**End of deduction:** ☐☐☐☐ year ☐☐ month

Date: ☐☐☐☐ year ☐☐ month ☐☐ day

.....

Employer's authorized signature and seal

(in the absence of a company stamp, please write the company name in capital)

The Employee voluntarily gives consent and grants authorisation to the Employer to provide the information necessary for the purpose of credit assessment to the credit administratior of Raiffeisen Bank Zrt. via the means of the Bank's choice (telephone, e-mail). Furthermore, by this declaration, the Employee hereby releases the Bank from the obligation of confidentiality concerning Employee's data contained in the loan application and which are considered bank secrets; and authorise the Bank to disclose such data to the Employer in the necessary extent to verify the details relevant to the employment (including those shown in the employer's certificate).