

## Employer's Certificate of Earnings

A condition for the validity of the employer's certificate is that all fields be completed, the certificate be officially signed by the Employer, and that it include the Employer's confirmation on the contents and authenticity of the certificate.

### DETAILS OF THE EMPLOYER

Employer's name: \_\_\_\_\_

Employer's registered office: \_\_\_\_\_ post code \_\_\_\_\_ town/city \_\_\_\_\_

\_\_\_\_\_ street \_\_\_\_\_ house number, entrance number \_\_\_\_\_ floor \_\_\_\_\_ door number \_\_\_\_\_

Employer's telephone number: \_\_\_\_\_ / \_\_\_\_\_ extension \_\_\_\_\_ Employer's tax number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Main activities of the company:  Industry, manufacturing  Agriculture  Construction industry  Trade, hospitality, communication, transportation, travel

Financial services, legal and related services, other advisory activity

Healthcare, education, government, social care, local government  Other: \_\_\_\_\_

The business is under liquidation, bankruptcy, or dissolution:  Yes  No

### DETAILS OF THE EMPLOYEE

Name: \_\_\_\_\_

Name at birth: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

Employee's position:  senior manager  middle manager  other white-collar employee  blue-collar employee

Start of employment: \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day Nature of employment:  full-time  part-time Employee's job title: \_\_\_\_\_

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

Employee is working under notice or in probationary period:  Yes  No

### EARNINGS DATA (FIGURES FOR THE LAST 3 MONTHS)

Currency: _____		_____ year _____ month	_____ year _____ month	_____ year _____ month
Monthly net salary (without supplements, daily expense allowance, deductions):	Amount	_____	_____	_____
Title of regular monthly supplements:	Amount	_____	_____	_____
Other non-regular supplements:	Amount	_____	_____	_____
Variable wage, commission, performance wage:	Amount	_____	_____	_____
Daily expense allowance:	Amount	_____	_____	_____
Deductions or dockings from wages, employer's loan:	Amount	_____	_____	_____
Monthly transferred / paid salary	Amount	_____	_____	_____
Reasons for any difference(s):	Amount	_____	_____	_____
Net annual amount of Cafeteria benefits allowance:	Amount	_____	_____	_____

### BONUS, PREMIUM, REWARD PAID OUT IN THE PAST 12 MONTHS

Number of bonus/premium/reward payouts in the past 12 months: \_\_\_\_\_

Net amount of bonus/premium/reward paid out in the past 12 months: \_\_\_\_\_

### CERTIFICATE

Name of company that does the payroll (if different from the Employer): \_\_\_\_\_

Name of person responsible for completing the form/who may be contacted if there are any questions: \_\_\_\_\_

Workplace telephone number of person responsible for completing the form: \_\_\_\_\_ / \_\_\_\_\_ extension \_\_\_\_\_ E-mail address: \_\_\_\_\_

Fax number to which this employer's certificate may be sent for purpose of verification, \_\_\_\_\_ / \_\_\_\_\_ extension \_\_\_\_\_

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

Place: \_\_\_\_\_ Date: \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day Employer's official corporate signature \_\_\_\_\_

### CONSENT TO DATA PROCESSING

I, the undersigned employee, expressly consent to the Bank's contacting my employer in relation to this employer's certificate via the channels chosen by the Bank (telephone, fax, email) for the purpose of verification. I authorise the employer to provide any clarification as may be required to the Bank in respect of any data specified in this employer's certificate, via the channel chosen by the Bank.

### DECLARATION ON THE AMOUNT OF ANY FAMILY SUPPLEMENT

I, the undersigned employee, declare that the amount of the family supplement disbursed to \_\_\_\_\_

\_\_\_\_\_  
 Employee's signature