

### EMPLOYER'S CERTIFICATE

I, the undersigned employee, hereby consent to my Employer **transmitting the** data specified in this employer's certificate to CIB Bank Zrt. by **telephone and/or e-mail for the purpose of verifying** the accuracy of the data contained in the employer's certificate. I submit the Employer's Certificate as an attachment to my loan application to CIB Bank Zrt. and I expressly acknowledge that this document will be used by CIB Bank Zrt. for its credit assessment, and I hereby consent to the processing of my personal data provided below by CIB Bank Zrt. I declare that I have received, understood and accepted clear and detailed information on the processing of my personal data prior to the processing.

Celt: .....  
 .....  
 employee signature

### EMPLOYER DETAILS

Employer name: .....  
 VAT number: ..... Address: .....  
 Name of administrator authorised to consult on certification<sup>1</sup> : .....  
 Phone number (with area code): ..... e-mail address: .....  
 Employer's website address: .....  
 Company/organisation (if different from employer) .....

### EMPLOYEE DETAILS

We, the undersigned, as the employer's authorised representatives, certify that the following employee

Employee name: ..... Name at birth: .....

Address: .....

Date and place of birth: ..... Mother's name: .....

Since ..... you are an employee of our company.

**Job title:** .....

Not currently under suspension       Currently under discontinuation, ..... until .....

Not currently on long-term sick leave       On long-term sick leave, ..... -until .....

Not available during the trial period       Under trial, until .....

Does the income transferred/paid by the employer include GYES/GYED/CSED?  Yes ..... /month       No

The employee's wages:       cash       paid in cash by bank transfer on the ..... day of the month.

Type of employment contract:       indefinite       fixed-term: until .....

In view of the employee's successful performance, the employer hereby expresses its intention to continue the employment relationship after the expiry of the fixed-term contract and declares that, if the reasons for the fixed-term employment relationship no longer apply and if the circumstances of the parties and changes in working conditions allow, it expects the employee to continue to work for a long period, irrespective of the expiry of the fixed-term employment relationship.

He owns ..... % of the shares in this company.

### WAGE DATA

**Monthly gross basic salary / hourly rate** (excluding bonuses)<sup>2</sup> : ..... (Currency)

**Annual gross amount of the cafeteria allowance:** ..... (Currency)

your income ..... due to ..... until monthly ..... (Currency) monthly **deduction / blocking.**

Have there been any pay rises in the last 3 months? If yes, the month of the increase and the gross amount of the increase: ..... from month..... (Currency)

**THE LAST THREE MONTHS' PAY OF THE EMPLOYEE**

Period (month of certified salary)	.....Year .....Month	
	Net (Currency)	
<b>TOTAL AMOUNT OF INCOME PAID FOR A GIVEN MONTH</b> (including the amount of performance pay, overtime, bonuses, allowances, per diem, fuel savings, service charges, bonuses, etc.)  Please do not include cafeteria here!		Includes sickness benefits: <input type="checkbox"/> yes <input type="checkbox"/> no
<b>Out of the TOTAL INCOME</b> above, the amount of reimbursement of expenses, compensation, clothing allowance, housing/travel allowance and <u>NON-REGULAR</u> (non-monthly) benefits (e.g. one-off bonus, end-of-year bonus)		Title(s):

Period (month of certified salary)	.....Year .....Month	
	Net (Currency)	
<b>TOTAL AMOUNT OF INCOME PAID FOR A GIVEN MONTH</b> (including the amount of performance pay, overtime, bonuses, allowances, per diem, fuel savings, service charges, bonuses, etc.)  Please do not include cafeteria here!		Includes sickness benefits: <input type="checkbox"/> yes <input type="checkbox"/> no
<b>Out of the TOTAL INCOME</b> above, the amount of reimbursement of expenses, compensation, clothing allowance, housing/travel allowance and <u>NON-REGULAR</u> (non-monthly) benefits (e.g. one-off bonus, end-of-year bonus)		Title(s):

Period (month of certified salary)	.....Year .....Month	
	Net (Currency)	
<b>TOTAL AMOUNT OF INCOME PAID FOR A GIVEN MONTH</b> (including the amount of performance pay, overtime, bonuses, allowances, per diem, fuel savings, service charges, bonuses, etc.)  Please do not include cafeteria here!		Includes sickness benefits: <input type="checkbox"/> yes <input type="checkbox"/> no
<b>Out of the TOTAL INCOME</b> above, the amount of reimbursement of expenses, compensation, clothing allowance, housing/travel allowance and <u>NON-REGULAR</u> (non-monthly) benefits (e.g. one-off bonus, end-of-year bonus)		Title(s):

Signed ..... and .....  
 (please fill in in block letters) (please complete in block letters)

we declare that the company we have registered is not in bankruptcy or liquidation at the time of the issue of this employer's certificate. We further certify that the named person is not at the present time under disciplinary proceedings. We certify that the public charges payable on the wages indicated above have been paid. We acknowledge that CIB Bank Zrt. is entitled to verify the above information with the issuer of the certificate.

Made: .....

.....

Employer's signature, place of stamp

<sup>1</sup> The person with whom the payroll data is registered, so in the event of any reconciliation, he or she will be the primary contact person of CIB Bank Zrt.

<sup>2</sup> If the employee has a classification salary (i.e. earns the same gross amount per month), enter this amount. In the case of hourly paid employees, please indicate the gross amount the employee is paid per hour of work. If the employee may also be paid a classification wage and an hourly wage in addition, please indicate both, with an 'and' between the amounts.