

### 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 - If you choose the Other category, please specify activity

- Healthcare, education, government, social care, local government  Trade, catering, telecommunications, transportation, tourism  
 Financial services, legal and related services, other advisory activity  Construction industry  Industry, manufacturing  Agriculture  
 Other: .....

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

Number of Employees:  1-10  11-50  51-100  101-500  above 500

#### DETAILS OF THE EMPLOYEE

Employee's name: ..... Employee's birth name: .....

Mother's maiden name: ..... Place of birth: .....

Date of birth (yyyy,mm,dd):

Employee's job title: .....

Employee is working under resignation?  Yes  No

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

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

- no relation  ownership  relative (spouse, direct relative, adopted child, step child, adopting parent, step-parent, sibling), companion, spouse of direct relative, direct relative of spouse or brother/sister of spouse, spouse of brother/sister)

Start of employment (yyyy,mm,dd):

Is the Employee under probation?  Yes  No End of probationary period (yyyy,mm,dd)

Type of employment:  open-ended  fixed-term end of contract (yyy,mm,dd):

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 (yyy,mm,dd):

and The end of it (yyy,mm,dd):

#### SALARY'S DATA

Please specify the currency: .....

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

Payment method of salary:  Transfer  In cash  Transfer and cash

#### Income (net) for the last 3 months and currency:

Period (yyyy,mm) :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Monthly net salary/hourly wage (without other allowance, income supplements, deductions):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Number of hours worked - by hourly wage (hours per month):	<input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> hours
Monthly net regular supplements, allowances: <input type="checkbox"/> shift allowance <input type="checkbox"/> night shift allowance <input type="checkbox"/> afternoon shift allowance <input type="checkbox"/> Sunday shift allowance <input type="checkbox"/> holiday shift allowance <input type="checkbox"/> language allowance, <input type="checkbox"/> commission <input type="checkbox"/> standby allowance <input type="checkbox"/> variable wage <input type="checkbox"/> performance wage <input type="checkbox"/> on-call wage allowance	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other non-regular supplements, allowances: <input type="checkbox"/> overtime fee <input type="checkbox"/> fuel refund <input type="checkbox"/> reimbursement of travel expenses	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Daily allowance:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Any other income, please specify: .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Monthly net transferred/paid salary:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Net annual amount of Cafeteria: \_\_

Net annual amount of bonus  premium  reward paid  non-compete fee

royalty, performance related premium: \_\_

Deductions from wages (eg.: Employer's loan, salary prepayments, child support, chamber membership fee etc.) or wage garnishments

Legal ground of deduction: .....

Total amount of deduction: \_\_ Monthly amount of deduction: \_\_ End of deduction (yyyy,mm):

Legal ground of deduction: .....

Total amount of deduction: \_\_ Monthly amount of deduction: \_\_ End of deduction (yyyy,mm):

**CERTIFICATE - RESPONSIBLE FOR COMPLETING THE FORM**

Employer  External payroll accountant

Company responsible for the payroll: .....

Tax number of external payroll accountant: .....

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

Workphone number of responsible person: .....

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

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.

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

Date (yyyy,mm,dd):

.....  
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 administrator 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).