

**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.

Made: .....  
employee signature

**EMPLOYER DETAILS**

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

**EMPLOYEE DETAILS**

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

Employer 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       Pending, ..... 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 ..... Currency/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 ..... HUF monthly **deduction / blocking.**

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

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

Period (month of certified salary)	.....Year .....Month		
	Gross Currency	Net Currency	
Amount of income paid per given month			Includes sickness benefits: <input type="checkbox"/> yes <input type="checkbox"/> no
Of which amount and title of other <sup>3</sup> supplements			Title:
Of which amount and title of other <sup>3</sup> supplements			Title:

Period (month of certified salary)	.....Year .....Month		
	Gross Currency	Net Currency	
Amount of income paid per given month			Includes sickness benefits: <input type="checkbox"/> yes <input type="checkbox"/> no
Of which amount and title of other <sup>3</sup> supplements			Title:
Of which amount and title of other <sup>3</sup> supplements			Title:

Period (month of certified salary)	.....Year .....Month		
	Gross (Currency)	Net Currency	
Amount of income paid per given month			Includes sickness benefits: <input type="checkbox"/> yes <input type="checkbox"/> no
Of which amount and title of other <sup>3</sup> supplements			Title:
Of which amount and title of other <sup>3</sup> supplements			Title:

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 issuing 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 are 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, both should be indicated and the amounts should be marked 'and'.  
<sup>3</sup> Other allowances: other non-regular allowances, any type of expense allowance, compensation, clothing allowance, regular wages, , housing allowance, non-regular overtime allowance, , bonus amount received less frequently than monthly, etc. (not acceptable types of income), or monthly cash cafeteria payments, because cafeteria payments are taken into account on the basis of the annual gross cafeteria amount specified in the section Wage data