

For Qualified Consumer-friendly Housing Loan products, the Bank also accepts the standardised form created by MNB.

We kindly ask the person filling in this certificate to complete all the fields below, because the Bank can only accept fully completed and duly signed certificates, otherwise we will ask that the certificate be completed again.

### Employer's data

Employer's name	Tax number
Core activity of the Employer – it is mandatory to select one; where 'other' is selected, please specify	
<input type="checkbox"/> healthcare, social care <input type="checkbox"/> construction industry <input type="checkbox"/> education <input type="checkbox"/> telecommunications, communications, marketing	<input type="checkbox"/> IT <input type="checkbox"/> wholesale and retail trade, hospitality <input type="checkbox"/> finance/legal/other consultancy activities <input type="checkbox"/> tourism
<input type="checkbox"/> industry, manufacturing industry <input type="checkbox"/> agriculture governance, municipality <input type="checkbox"/> transportation, warehousing <input type="checkbox"/> Other:	
The employer is under liquidation, bankruptcy or voluntary liquidation proceedings	Number of employees (persons)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> More than 50

### Employee's data

Employee's name	Place of birth	Date of birth	Occupation
Is the employee currently on probation?		The relationship between the employer or the official signatory/signatory of the employer's certificate and the employee	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> no connection <input type="checkbox"/> ownership <input type="checkbox"/> close relative	
Is the employee currently during a notice period?		The employment contract was concluded	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> for an indefinite term <input type="checkbox"/> For a fixed term <b>expiring on:</b>	
Start date of employment	Is the employment extended at least 6 months after expiry of the fixed-term employment?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the employee currently incapacitated for work?		If incapacitated, start date of incapacity	
<input type="checkbox"/> Yes <input type="checkbox"/> No			

### Income data

Monthly gross grade pay (net of bonus, reward) – Mandatory field	Salary is paid			
	<input type="checkbox"/> By bank transfer <input type="checkbox"/> In cash <input type="checkbox"/> By bank transfer and in cash			
<b>Last four months' net wage<sup>1</sup></b>	Month 1	Month 2	Month 3	Month 4
Date (year, month)				
Monthly net basic salary (excluding allowances, per diem, hourly rate, and other deductions)				
How many hours per week is the employee employed for? (hours/week)				
Has the employee been incapacitated for work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fill in for hourly rate: paid number of hours (hours)				
Reimbursement of expenses				
Bonus, reward				
Overtime, performance pay				
Description of other income – mandatory field, please specify:	<input type="checkbox"/> wage supplements <input type="checkbox"/> commissions <input type="checkbox"/> on-call duty allowance <input type="checkbox"/> per diem <input type="checkbox"/> fuel savings <input type="checkbox"/> none			
Total other income:				

<sup>1</sup> (for three-month employment, logically only the three months need to be entered)

Description of deductions from income, garnishments, employer loan				
Amount of annual net cafeteria allowance				
Type of family support allowance	Start date	End date	Amount	

**Person responsible for completing the form**

<input type="checkbox"/> Employer	<input type="checkbox"/> Payroll company
<b>Name of person responsible for completing the form</b>	Name of payroll company
<b>Work telephone number of person responsible for completing the form</b>	Tax number of payroll company
This certificate was issued to the employee for the purpose of taking a loan from UniCredit Bank Hungary Zrt., and it is to certify that all public dues payable for the salaries indicated herein have been paid.	
<b>Name of signatory in block letters</b>	Official signature of employer (with company stamp; in absence of which, company name in block letters)
<b>Date</b>	

I, the undersigned **employee**, hereby consent that my employer transfer the data in this employer's certificate of income to UniCredit Bank Hungary Zrt. (by phone/fax) for the purpose of verifying the truthfulness of the data presented in the certificate of income. I submit the employer's certificate of income as an annex to the loan application to UniCredit Bank Hungary Zrt., and I consent that the bank use this document for the loan appraisal it conducts.

**Signature of employee/client**

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