

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"/> IT	<input type="checkbox"/> industry, manufacturing industry	
<input type="checkbox"/> construction industry	<input type="checkbox"/> wholesale and retail trade, hospitality	<input type="checkbox"/> agriculture governance, municipality	
<input type="checkbox"/> education	<input type="checkbox"/> finance/legal/other consultancy activities	<input type="checkbox"/> transportation, warehousing	
<input type="checkbox"/> telecommunications, communications, marketing	<input type="checkbox"/> tourism	<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 expiring on:		
Start date of employment	In case if the fixed term contract expires within 6 months, the employer confirms to extend the contract with at least additional 6 months.		
	<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			
Last four months' net wage ¹		Month 1	Month 2	Month 3	Month 4
Date (year, month)					
Paid monthly net salary					
How many hours per week is the employee employed for? (hours/week)					
Non-regular allowances and non-regular income from the wage paid in the relevant month ²					
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)					
Description of deductions from income, garnishments, employer loan					
Amount of annual net cafeteria allowance					
Type of family support allowance	Start date	End date		Amount	

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

² Included: non-regular benefits / allowance, reimbursement, bonus, reward, performance, payment, wage supplement, standby fee, daily fee, fuel savings, travel reimbursement, clothing allowance, regular guard bonus, service fee, housing allowance, non-regular shift allowance

Person responsible for completing the form

<input type="checkbox"/> Employer	<input type="checkbox"/> Payroll company
Name of person responsible for completing the form	Name of payroll company
Work telephone number of person responsible for completing the form	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.	
Name of signatory in block letters	Official signature of employer (with company stamp; in absence of which, company name in block letters)
Date	

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

--