MBH BANK

CERTIFICATE OF EMPLOYMENT FOR MORTGAGE LOANS AND APPLICATION FOR PRENATAL BABY SUPPORT

PLEASE COMPETE IN CAPITAL LETTERS

In case of applications for Certified Consumer-Friendly Housing Loan, the Bank also accepts the form prepared by the MNB!

2023_V0_20230501

EMPLOYEE DATA	
Name of the employee	
Date and place of birth	
Work phone number	/ extension
Current position	◯ senior executive ◯ middle-level manager ◯ other knowledge worker ◯ manual worker
Occupation	
Employment	hours per week / day
Probation time	◯ in progress - end date: ◯ ended
The employee is	◯ active ◯ passive (sick pay) ◯ maternity leave until:
In case of passive status, the commencement date	
Commencement date of current employment	
The employee is under dismission	◯ yes ◯ no
The employment contract of the employee is for	◯ indefinite term ◯ definite term
In case of definite term, the employment ends on	
Upon the end of the definite term, the employment is extended	◯ yes ◯ no ◯ don't declare
Was the employee on sickness payment for more than 30 days in the last 3 months or currently is?	◯ yes ◯ no/currently not no/ currently not:
If the maternity leave status expires within 90 days, the employer undertakes to continue the employment	◯ yes ◯ no

EMPLOYER DATA - TO BE FILLED IN BY THE EMPLOYER					
Name of the employer					
Registered seat					
Adress of the employer					
Place of work:					
Telephone number:					
Tax registration number					
Company registation number					
Economic sector	◯ Industry, processing-industry	◯ Agricul-ture	◯ Commerce, Hospitality, freight forwarding, travel, telecommunications	◯ Financial, legal acticiity and ancillary services	◯ Education, health, government, social work, other social services
Main activity of the company	◯ hospitality and tourism ◯ passenger transport ◯ employment agency services ◯ sport, - entertainment ◯ event organization ◯ performing arts ◯ **non of them**				
Relationship between the employee, the employer and the authorized representative/ signatory of the certificate of employment	◯ no relation ◯ ownership ◯ close relative				
Name of the person responsible for filling in					
The person responsible for filling in is an	◯ employee of the employing company	◯ employee of an external payroll6accounting company Name of the company:			
E-mail adress of the person responsible for filling in					
Phone number	/ extension				
Fax number					

.....

Signature of the person responsible for filling in

SALARY INFORMATION	
GROSS base salary	**currency:**
Salary payment method	◯ In cash ◯ By transfer
Has there been a salary increase in the last 3 month? If so, the amount thereof is	
Is there garnishment, advance regarding the salary?	◯ yes ◯ no
If yes, the ground for garnishment	
Period of the garnishment	from to
Amount of the garnishment	*(amount, currency)* OR % of the income

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SALARY OF THE LAST THREE MONTHS

Period (month of certified salary)	Year		Month
	Gross	Net	
The amount of monthly salary paid			Contains sick leave income ◯ Yes ◯ No
Of which the amount of reward / bonus / commission (underline the appropriate one!)			Frequency: ◯ monthly ◯ quarterly
Of which the amount of regular allowances and their ground			For example: performance pay, shift allowance, night supplement, contigency fee, on-call fee, etc.
Of which the amount of NON-regular allowances and their ground*			For example: travel fee, charge per day, overwork, fuel saving, housing allowance, etc.

Period (month of certified salary)	Year		Month
	Gross	Net	
The amount of monthly salary paid			Contains sick leave income ◯ Yes ◯ No
Of which the amount of reward / bonus / commission (underline the appropriate one!)			Frequency: ◯ monthly ◯ quarterly
Of which the amount of regular allowances and their ground			For example: performance pay, shift allowance, night supplement, contigency fee, on-call fee, etc.
Of which the amount of NON-regular allowances and their ground*			For example: travel fee, charge per day, overwork, fuel saving, housing allowance, etc.

Period (month of certified salary)	Year		Month
	Gross	Net	
The amount of monthly salary paid			Contains sick leave income ◯ Yes ◯ No
Of which the amount of reward / bonus / commission (underline the appropriate one!)			Frequency: ◯ nthly ◯ quarterly
Of which the amount of regular allowances and their ground			For example: performance pay, shift allowance, night supplement, contigency fee, on-call fee, etc.
Of which the amount of NON-regular allowances and their ground*			For example: travel fee, charge per day, overwork, fuel saving, housing allowance, etc.

**Allowances: other non-regular allowances, reimbursement of travel expenses, fuel saving, clothing allowance, staff reward, service fee, daily allowance, housing allowance, etc. (unacceptable types of income)*

We declare that for the above-mentioned incomes the prescribed public dues have been paid.

PLACE AND DATE: ....., ...

.....
Authorized signature of the employer
Place of the stamp

Name of signatory 1 in capital letters:

Name of signatory 2 in capital letters: