

EMPLOYER'S CERTIFICATE

I the undersigned employee hereby consent to my Employer's transferring the data contained in this employer's certificate **by telephone and/or email** to CIB Lizing Zrt. **for the purpose of checking** the veracity of the data stated in the employer's certificate. I am submitting the employer's certificate to CIB Lizing Zrt. as an attachment to my loan application, and I am aware that it will use this document for the purpose of assessing my loan application. I confirm that prior to the start of the data processing, I received clear and detailed information regarding the processing of my personal data, which I have understood and accepted.

Place and date:

.....
employee's signature

Name of employer:

Tax no.: Address:

Name of Administrator (1) authorised for consultation in relation to this certificate¹:

Phone number (including area code): e-mail address:

Name of Administrator (2) authorised for consultation in relation to this certificate²:

Phone number (including area code): e-mail address:

Company / organisation (if different from the employer):

Website of the company / organisation:

We the undersigned, as the employer's representatives authorised to sign on behalf of the company, hereby certify that our employee

..... (if a woman, include her maiden name), whose

- address is:

- place and date of birth is: mother's maiden name is:

has been by our company since

Type of employment contract: open-ended fixed-term, until:

With a view to ensuring effective work performance by the employee, the employer hereby expresses its intent to maintain the employment relationship following the expiry of the fixed term, and declares that should the justifiability for concluding a fixed-term employment relationship end, and should the parties' circumstances, as well as a change in the work-related conditions, otherwise make it possible, the employer will, regardless of the expiry of the fixed-term employment relationship, count on his/her employment continuing for the long term.

Is not in a trial period
 Is in a trial period, until

Is not currently on paid sick leave
 Is on sick leave, until

Is not currently working his/her notice
 Is currently working his/her notice, and will be doing so until

- **position:**

- **monthly gross base salary / hourly wage** (before supplements)³: (Amount/currency)

- his/her income is subject to a **deduction / blocking** of (Amount/currency) per month due to, until

- other regular monthly wage **supplements:** gross amount: (Currency)

Employee's net monthly income			
Monthly net base salary for the last 3 months (without cafeteria, reimbursement of expenses, and miscellaneous):	Incomes transferred over monthly net base salary		
	Bonus (Amount/currency)	Sick pay (Amount/currency)	Cafeteria benefits, reimbursement of expenses, miscellaneous (Amount/currency)
1. (month) 20.... (year)
2. (month) 20.... (year)
3. (month) 20.... (year)

Annual gross amount of other employee benefits/ Cafeteria (Amount/currency)

The employee's salary is paid: in cash by transfer on the day of the month.

The above-named person has a % ownership share in this company.

We the undersigned and
(please complete in block letters) (please complete in block letters)

declare that at the time of issuing this employer's certificate, the company represented by us is not under any proceedings of bankruptcy or liquidation. We certify further that the above-named person is not at the present time subject to any disciplinary proceedings. We certify that all taxes and contributions related to the above-specified salary have been paid. We acknowledge that the bank is entitled to consult with the issuer of this certificate for the purpose of verifying the data specified above.

Place and date:

.....
corporate signature and stamp

¹ The person who keeps the records of salary-related data, and can thus act as a first point of contact for the CIB Lizing Zrt. if it needs to consult someone.

² The person that the CIB Lizing Zrt. can contact if the first point of contact is not available.

³ If the employee has a regular base salary (i.e. he/she earns the same gross amount each month), please specify this amount. If the employee is paid by the hour, please specify the gross amount to which the employee is entitled for one hour's work. If the employee has a regular base salary in addition to which he/she also receives an hourly wage, please complete both fields accordingly, indicating an "and" between the fields.