

Proof of Income – Employer's Declaration Form

PLEASE COMPLETE IN BLOCK LETTERS

Employee's details:

Employee's name:

Birth/maiden name:

Mother's birth/maiden name:

Place of birth: Date of birth: day month year

Employer's information:

Employer's name:

Company form: Date of establishment of company/business: month year

Sector of employment:

☐ Industry	☐ Healthcare	☐ Commerce	☐ Education
☐ Agriculture	☐ Transport	☐ Law	☐ Finance, insurance
☐ Telecommunication, IT	☐ Public administration	☐ Tourism	☐ Other:

Phone number: Tax number:

Employer's address:

Name of person completing the form / Payroll company (if other than the Employer):

Position: Official phone number of the person completing the form:

Employment details:

Place of work: Phone number:

Position:

☐ Owner	☐ General or Limited Partner in a general partnership or a limited partnership	☐ Executive employee
☐ White-collar employee	☐ Blue-collar employee	☐ Civil Servant
☐ Healthcare worker	☐ Public-sector employee	

Start of previous employment: day month year

End of previous employment: day month year

Start of current employment: day month year

Type of employment contract: ☐ indefinite term

☐ fixed term day month year

The amount of net income in the last 3 months, broken down by months. This amount should be exclusive of per diem.

Income Amount								Currency	Other Income								Currency	Month

Account number 1:

Aggregate amount transferred to this bank account in the last month:

Account number 2:

Aggregate amount transferred to this bank account in the last month:

Last monthly amount paid out in cash*:

Are deductions charged to the client's income? ☐ Yes ☐ No

Total deductions from last month's net income:

for the purpose of:

We, the undersigned Employer declare that the said Employee is currently not on unpaid leave and not subject to probationary period or termination, no proceedings are pending against our company pursuant to the Acts on Bankruptcy Proceedings, Liquidation Proceedings and Voluntary Dissolution, our company has paid the due after the income(s) of the above-named Employee; this Employer's Declaration Form was issued for the purposes of said Employee's liabilities or direct suretyship vis-à-vis OTP Bank Plc./Mortgage Bank Ltd./OTP Building Society Ltd./OTP Real Estate Lease Ltd.. OTP Bank Plc./Mortgage Bank Ltd./OTP Building Society Ltd./OTP Real Estate Lease Ltd. is entitled to verify the accuracy of any data included in this Employer's Declaration Form. Submission of false data in this Employer's Declaration Form shall be deemed a use of forged private documents. The Employer's Declaration Form is valid for 30 days from the date of issue.

Place, Dated:....., year month day

Authorised signature and official seal of the Employer

I, the undersigned employee, hereby agree that my Employer may submit the data in this Proof of Income Employer's Declaration to OTP Bank Plc./OTP Mortgage Bank Ltd./OTP Building Society Ltd./OTP Real Estate Lease Ltd. via telephone/tax/e-mail for the purpose of verifying the truthfulness of the data included in the Proof of Income. I submit this Employer's Declaration Form to OTP Bank Plc./OTP Mortgage Bank Ltd./OTP Building Society Ltd./OTP Real Estate Lease Ltd. as an attachment to a loan application, and I hereby consent to all of the companies using this document for the credit rating performed by them.

Employee's/Client's signature