

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 responsible for completing the form:

Employment details:

Place of work: Phone number:

Position:

Owner General or Limited Partner in a general partnership ("Kkt.") or a limited partnership ("Bt.") Executive employee
 White-collar employee Blue-collar employee Civil Servant 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

