



EMPLOYER'S CERTIFICATE (ML940U)

I. Employer's data					
Name					
Registered office					
Address					
Company registration number/ licence number					
Tax number					
Employer's telephone number					
Start of employer's operation					
Number of employees					
Person completing the salary certificate	name				
	position				
	phone number				
	e-mail address				
The employer is currently under bankruptcy or liquidation proceeding		yes	no		
An enforcement proceeding is in progress against the employer		yes	no		
II. Employee's data					
Family name		First name			
Name at birth		Mother's maiden name			
Place of birth		Date of birth (dd.mm.yyyy)			
Permanent address	county	postcode	town/settlement		
	street name	street type	house number, building, staircase, floor, door		
Identification document type	identity card	passport	driver's licence		
Identification document no.	Phone number				
III. Employment relationship data					
Employee's occupation					
Employee's current position		senior executive	middle manager	white-collar employee	blue-collar employee
Place of work					
Start of employment relationship					
In case of an employment relationship, type of the employment contract		for indefinite period		for definite period	
In case of a fixed-term employment contract:	Start of employment relationship (dd.mm.yyyy)			End of employment relationship (dd.mm.yyyy)	
Is the employee under probation?		yes	no		
In case of probation, its expiry (dd.mm.yyyy)					
Is the employee serving his/her notice period?		yes	no		
In case of termination, the date of termination of employment (dd.mm.yyyy)					
Is the employee currently on sick leave?		yes	no		
In case of sick leave, its start date (dd.mm.yyyy)					

Does the employee currently receive infant care allowance / child care benefit?	yes	no
In case of infant care allowance / child care benefit, its end date (dd.mm.yyyy)		
Does the Employee have an ownership interest in the Employer?	yes	no
IV. Salary data		
Employee's monthly gross base wage (HUF)		
Net wage (excluding supplements) for the last three months before the certificate is issued		
Period (month)	1	2
Amount (HUF)		
Net non-wage supplements for the last three months before the certificate is issued:		
Period (month)		
Description	1	2
Amount (HUF)		
Net bonus, reward, premium paid in the year preceding the issue of the certificate (HUF)		
Frequency	monthly	quarterly
	every six months	annually
Other regular benefit	Description	Amount (HUF)
Frequency	monthly	quarterly
	every six months	annually
Annual net amount of Cafeteria benefit (HUF)		
All deductions, attachments of salary from the monthly wage	Amount (HUF)	
	Grounds	
Has the Employee taken out an employer loan?	yes	no
In case of an employer loan, amount of the monthly instalment (HUF)		
Method of wage payment	money transfer	cash payment

I, the undersigned, being aware of my criminal liability, declare that

- I am authorised to issue this certificate,
- all information provided in this certificate are true and correct,
- I consent to the verification of the accuracy of the information given in the certificate,
- the required public charges on the certified income have been paid.

This certificate has been issued for the purpose of applying for the Otthonfelújítási Program (ID code: _____).

Place and date: _____, _____

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 Authorised signature