



Employer

Trade name / name / surname, first name: _____

Employer's registered office / address incl. postal code: _____

Company ID (IČO): _____ Employer's telephone number (fix line): _____

1. The Employer hereby confirms that the:



Natural person

(hereinafter the "Employee")

Applicant for a credit

Guarantor

Surname, first name, title: _____

Address (permanent residence): _____

Birth number / date of birth: _____

has been employed by the Employer as¹ _____

since² _____

2. The Employee is employed

for a definite period of time, until _____

on an agreement for working activity valid until _____ / for an indefinite period of time³

3. The Employee's monthly income is:

Average monthly net income in last 12 months: _____

Annual gross income in last taxation period excluding insurance: _____

Average monthly net income in last 3 months: _____

4. Following deductions are made from the Employee's salary: / No deductions are made from the Employee's salary³:

Pursuant to an execution of a ruling: _____

Instalments: _____

Another reason: _____

5. The Employer hereby declares that no actions that might result in the Employee's employment termination have been initiated by the Employer and the Employee is not being on a trial period.

6. The Employee asks the Employer to provide Modrá pyramida stavební spořitelna, a.s. (hereinafter also referred to as the "Bank"), upon its request, with the data necessary for the legal verification of the information contained herein, in particular over the telephone and, if necessary, re-issue the Certificate of Income of the aforesaid Employee. The verification interview can be recorded for the Bank's needs. The Employer acknowledges the foregoing.

7. The Employee acknowledges that, in order to meet the legal obligation to verify the information provided by the consumer in the credit application, the Bank shall be entitled to provide the Employer with information to the extent to which it has been provided herein, and to do it also over the telephone or by email.

8. This Certificate is be valid for 30 days from the date of issue.

In _____

Place and date of issue
of the Certificate

Issued by, telephone no.

Employer's stamp and signature

Employee's signature

- 1) Specify the job title.
- 2) Fill in the day, month and year.
- 3) Select the right option.