

Certificate of Income

Employee information

| | | | | | |
|--------------|--|-------------------|--|-------|--|
| Surname | | Name | | Title | |
| Birth number | | Permanent address | | | |

Employer Information

| | | | | | |
|------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------|-----------------------------|------------------------------|
| Name | | | | | |
| Identification No. (IČ) | | Registered office (address) | | | |
| Current position | | | | | |
| Employment commencement date | | | | | |
| The employment is negotiated for: | <input type="checkbox"/> indefinite time | <input type="checkbox"/> definite period till | | | |
| A job contract | <input type="checkbox"/> Employment contract | <input type="checkbox"/> Agreement to complete a job to perform work | <input type="checkbox"/> Agreement | | |
| Income paid: | <input type="checkbox"/> cash | <input type="checkbox"/> to the account | <input type="checkbox"/> no./the bank code..... | | |
| Trial period in progress: | <input type="checkbox"/> no | <input type="checkbox"/> yes | | | |
| Notice of termination given, or termination of the employment is being negotiated: | <input type="checkbox"/> no | <input type="checkbox"/> yes | Substitution for maternity leave: | <input type="checkbox"/> no | <input type="checkbox"/> yes |

| | | |
|------------------------------------------------------------------------|-----------------------------------------------------------|--|
| Current base gross monthly pay | | |
| Average net monthly income, including the eventual sick leave benefits | in last three months, i.e. from..... till | |
| | in last twelve months, i.e. from till | |
| | Average travel allowance per month for the last 12 months | |

Deductions are / are not taken off the income based on the execution of a decision/agreement on income deductions.

| Purpose of deduction | Deduction amount | Kč |
|----------------------|------------------|----|
| | | Kč |

The Certificate of Income was issued by: _____
 Name, surname, position
 Contact telephone number: _____

In _____ On _____ The Drawer's signature and stamp: _____

I confirm that all of the data entered is true. I also consent with the Employer giving NEY sd information on my employment and amount of my income for the purposes of assessing my ability to repay a loan

In _____ On _____ Signature of applicant: _____

This confirmation is valid for 30 calendar days after its issue date.