

EMPLOYEE INCOME CONFIRMATION BY THE EMPLOYER

I. PERSONAL DATA OF EMPLOYEE (to be filled in by the Employee)

Employee (surname, name, title)	c		Birth certificate no:							
This confirmation is requested for purposes of loan application negotiation. I hereby agree that the information stated here shall be made available to Česká spořitelna, a.s. ("Banka"), and/or to Stavební spořitelna České spořitelny, a.s. ("SSČS") for purposes of loan application management purposes and/or to s Autoleasing, a.s. ("sAutoleasing") for purposes of leasing or credit contract negotiations. Furthermore, I agree to the phone verification of information contained in this document conducted by the Bank, or by SSČS, or by sAutoleasing.										
Date:		Signature of the Employee:								

II. EMPLOYEE DATA (to be filled in by the Employer's payroll department)

Employer name:						
Job title:				Employed fro	m (date):	
Notice period applies?	no yes F	ixed-term employmen	t contract:	no yes, u	intil	
Gross monthly wage (as pe	ross monthly wage (as per the work contract) – currency:					
Average net monthly wage	Average net monthly wage without travel allowances (for the last 12 months) – currency:					
In words:						
Salary deductions based of	ry deductions based on court decision (execution etc.) yes no - Currency:					
Wage is paid in cash	Nage is paid in cash credited to account					
Account no. from which the salary is paid to the Employee						
Confirmation issued by:						
Contact phone po:		E-mail:				
Contact phone no:		E-mail.				
Code for verification:		In/at:			Date:	
The employer acknowledges that: in order to comply with the obligation of "due professional care" pursuant to the Banking Act and the Consumer Credit Act and in accordance with the relevant employee consent, the Bank and/or SSČS and/or sAutoleasing are obliged to verify the accuracy and completeness of data regarding the employment relation, its existence and the level of employee's income. The correctness of the data has been confirmed by you as the employer.						

Employer	Employer	
stamp:	signature:	
	-	

This confirmation is valid for 30 calendar days from its issue date. After this period, we can extend the validity of the confirmation based on our review, or verify your income in another way, or request new confirmation from you.