

INCOME CERTIFICATE

Please use CAPITAL LETTERS and 'X's in checkboxes

EMPLOYER'S DETAILS

Name	<input style="width: 100%;" type="text"/>				
Phone no.	<input style="width: 20%;" type="text"/>	NIP	<input style="width: 20%;" type="text"/>	REGON	<input style="width: 20%;" type="text"/>
Town/City	<input style="width: 80%;" type="text"/>			Post code	<input style="width: 20%;" type="text"/>
Street	<input style="width: 30%;" type="text"/>	No.	<input style="width: 10%;" type="text"/>	Country	<input style="width: 20%;" type="text"/>

**Has the employer/
contracting party been
declared bankrupt
or is it in liquidation?**

YES NO

APPLICANT'S DETAILS

Name and surname	<input style="width: 100%;" type="text"/>				
PESEL	<input style="width: 20%;" type="text"/>	Job title	<input style="width: 80%;" type="text"/>		

Type of employment:

employment contract
 nomination/appointment
 management contract

Employed since: ____ - ____ - ____

Current employment for: indefinite term definite term until: ____ - ____ - ____

Over the last 12 months the following change/s occurred:

- base salary: NO YES, from _____ to _____ (gross base salary)
- job title/duties: YES NO

APPLICANT'S INCOME

Please specify the average monthly salary for the last 12 months or the Employee's employment period if shorter than 12 months.	Contract of employment for a definite term / indefinite term / management contract / appointment / nomination	Currency of income
Average monthly net salary for the last 12 months / the last _____ months (please specify the actual period of employment if shorter than 12 months) (excluding food allowance, long service awards, one-off uniform expenses equivalents, funding for glasses, funding for holidays)		
Per diems (domestic drivers) (average amount for the last 12 months)		

Net amounts of quarterly/semi-annual/annual bonuses/awards, '13th salary', '14th salary' and similar payments received during the last 12 months

1. Type:	Amount:	Date of payment: ____ - ____ - ____
2. Type:	Amount:	Date of payment: ____ - ____ - ____
3. Type:	Amount:	Date of payment: ____ - ____ - ____
4. Type:	Amount:	Date of payment: ____ - ____ - ____

EMPLOYEE

Is within notice period: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is/ Was, in the last three months, on a sick leave longer than 30 days: - if YES, please specify the dates: from: ____ - ____ - ____ to: ____ - ____ - ____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has taken maternity / parental / child care / unpaid leave (delete as appropriate): - if YES, please specify the dates: from: ____ - ____ - ____ to: ____ - ____ - ____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is any portion of their income garnished under a court decision or bank enforcement order (including child support and alimony)? - if YES, please specify the reason for garnishment and amount garnished: _____ / _____ zł	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has their income reduced by any other regular (monthly, quarterly, etc.) deductions excluding any loans from the ZFSS (Company Social Benefits Fund) e.g. Insurance, medical subscription etc.? - if YES, please specify the nature and the amount of deductions: _____ / _____ zł	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has any amounts deducted under a loan granted by the Employer? - if YES, please specify: date when granted ____ - ____ - ____ / monthly repayment _____ zł outstanding amount _____ zł	<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER

Company stamp

(job title and legible signature of the employer or person authorised to issue this certificate)

Phone no.: _____