

Employer's confirmation of income

Applicant Co-applicant/Guarantor Spouse

Fill in by :

Title/first & last name: _____

Surname at birth: _____ Birth identification nr: _____

Address: _____

Marital status: Single Married Divorced Widow/Widower

Number of dependants: _____

Fill in by employer (Payroll office) :

Company's name: _____ Co. Reg. No: _____

Company's residence: _____

Hired from: _____ Position: _____

Definite period from _____ to _____

Indefinite period from _____

Trial period from _____ to _____

Notice period to _____

Net monthly income, 6 months average: _____

Total wage deduction: _____ Wage deduction based on court's decision : _____

Wage paid to the Bank account, Account number: _____

Wage paid in cash

Name of payroll office employee: _____

Telephone number: _____

Employer certifies that the information above is true and is not in negotiations with the employee on termination with employment.

Date of issue: _____

Stamp: _____

Signature of payroll office employee: _____



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