

CONFIRMATION OF INCOME

(USE CAPITAL LETTERS)

Personal data of the employee

Title, Name and surname	
Date of birth	Birth ID number (if known)

Hereby I give consent to Employer to provide information about my employment and income to mBank S.A. in case of telephonic or e-mail verification to be able to evaluate my creditworthiness.

Employer details

Date and client signature

Name of the employer	
Official address	
Company ID	
Phone number	E-mail/webpage
Workplace address (if different)	

Information about employment

Position	Employed since (date/month/year)
<input type="checkbox"/> Employment for indefinite period	<input type="checkbox"/> Employment for definite period till
<input type="checkbox"/> Agreement to perform work - please define period till	
<input type="checkbox"/> Other - please define	
Employee is in a probationary period:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Employee is in a notice period:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Employee is on sick leave:	<input type="checkbox"/> YES <input type="checkbox"/> NO

Employee's salary

Gross monthly income	
Average net monthly income for the last 6 months:	
In case of shorter period	From: To:
<input type="checkbox"/> Salary is paid to a bank account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Salary is paid in cash	

Additional payroll deductions

<input type="checkbox"/> None <input type="checkbox"/> Yes	<input type="checkbox"/> Authority enforced deductions	Amount
	<input type="checkbox"/> Loan repayments to the employer	
	Loan repayments amount	
	Original approved limits	
	<input type="checkbox"/> Outstanding balances	
	<input type="checkbox"/> Other deductions - define	Amount

Salary is processed by an external company	(name, company ID number)
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Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Issued by

Name and surname	Position
Email	Phone number

I confirm that all the data included are correct, complete and actual.

Place _____ Date _____

Authorized person signature / Stamp

This confirmation will expire 60 days after date of issue.

Please, save the copy of this Confirmation in case of telephonic data verification.