

**CONFIRMATION OF INCOME**

(USE CAPITAL LETTERS)

03\_2018

**Personal data of the employee**

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

**Employer details**

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

**Information about employment**

Position	Employed since (month/year)
<input type="checkbox"/> Employment for indefinite period	<input type="checkbox"/> Employment for definite period till
<input type="checkbox"/> Agreement to perform work	
<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 style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" 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	Amount
		<input type="checkbox"/> Other deductions - define	Amount

This confirmation will expire 60 days after the date of issue.

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

**Issued by**

Name and surname	Position
Email	Phone number

 Place \_\_\_\_\_ Date \_\_\_\_\_ Authorized person signature / Stamp

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