

# Proof of Income – Employer's Declaration Form

PLEASE COMPLETE IN BLOCK LETTERS

## Employee's details:

Employee's name:

Birth/maiden name:

Mother's birth/maiden name:

Place of birth:  Date of birth:   day   month     year

## Employer's information:

Employer's name:

Company form:  Date of establishment of company/business:   month     year

Sector of employment:

<input type="checkbox"/> Industry	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Commerce	<input type="checkbox"/> Education
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Transport	<input type="checkbox"/> Law	<input type="checkbox"/> Finance, insurance
<input type="checkbox"/> Telecommunication, IT	<input type="checkbox"/> Public administration	<input type="checkbox"/> Tourism	<input type="checkbox"/> Other: <input type="text"/>

Phone number:  Tax number:

Employer's address:

Name of person completing the form / Payroll company (if other than the Employer):

Position:  Official phone number of the person completing the form:

## Employment details:

Place of work:  Phone number:

Position:

<input type="checkbox"/> Owner	<input type="checkbox"/> General or Limited Partner in a general partnership ("Kkt.") or a limited partnership ("Bt.")	<input type="checkbox"/> Executive employee
<input type="checkbox"/> White-collar employee	<input type="checkbox"/> Blue-collar employee	<input type="checkbox"/> Civil Servant
<input type="checkbox"/> Healthcare worker		<input type="checkbox"/> Public-sector employee

Start of previous employment:   day   month     year

End of previous employment:   day   month     year

Start of current employment:   day   month     year

Type of employment contract:  indefinite term

fixed term   day   month     year

