Deutsche Bank

Tutaj wklej UniqID

STATEMENT OF INCOME (for a mortgage credit application)

TO BE COMPLETED BY THE EMPLOYER

BORROWER'S* DETAILS

First name: Surname:

Date of birth: ☐☐☐☐ - ☐☐ - ☐☐

Name and address of employer:

Name and address of employer (company stamp)

Employed from: ☐☐☐☐ - ☐☐ - ☐☐ Current position:

Date of last salary increase: ☐☐☐☐ - ☐☐ - ☐☐

Form of employment contract: ☐ employment contract for unlimited period ☐ employment contract for limited period to: ☐☐☐☐ - ☐☐ - ☐☐

☐ Contract concluded for a trial period to: ☐☐☐☐ - ☐☐ - ☐☐

Current amount of basic GROSS salary:

AVERAGE GROSS INCOME RECEIVED DURING THE PAST 12 MONTHS[1]

Average basic salary	Average variable salary, regular[2]	Average variable salary, irregular[3]	Total average total salary

[1] In case of a shorter term of employment, the average amount for the period worked should be stated, as well as the duration of the period
[2] Variable regular salary means variable components of the salary such as bonuses, **received at least once every 3 months**
[3] Variable irregular salary means variable components of the salary such as bonuses, **obtained less frequently than every 3 months**

Employment contract: ☐ **has not been terminated** ☐ **has been terminated**

Employer: ☐ **is undergoing bankruptcy/liquidation/recovery proceedings** ☐ **is not undergoing bankruptcy/liquidation/recovery proceedings**

Are there any deductions due to the Company Social Benefits Fund? ☐ no ☐ yes

If so, in what amount and to what date?

Are there any deductions due to enforcement seizures? ☐ no ☐ yes

If so, in what amount and to what date?

Are there any other deductions? ☐ no ☐ yes

If so, in what amount and to what date?

EMPLOYER'S CONFIRMATION

It is hereby confirmed that the data above are correct and true.

Date: ☐☐☐☐ - ☐☐ - ☐☐ Place: Employer's telephone number:	Stamp and signature of the chief accountant or person authorized to confirm the data

EMPLOYEE'S DECLARATION

I hereby agree for Deutsche Bank Polska S.A. to check the compliance and correctness of the data, which I submitted.

Date: ☐☐☐☐ - ☐☐ - ☐☐ Place:	Employee's signature

WZ/2010/01/28

* delete as appropriate