

PROOF OF INCOME

PERSONAL DATA (TO BE FILLED BY EMPLOYEE):

First name, last name:	Personal ID:
Permanent residence (street, number, city, postcode, country):	

I request the issuance of the following proof of income for a loan request negotiated with Equa bank a.s. and providing my personal data concerning my employment and my income to Equa bank a.s., also on the phone. I acknowledge that Equa bank a.s. is entitled to provide my Employer with the data on the requested loan in the scope which is necessary for a due verification of information included in this confirmation. Equa bank a.s. in accordance with Act No. 257/2016 Coll., on Consumer Credit, is obliged to assess the creditworthiness of applicants for consumer credit, in particular on the basis of an income assessment, and is also required to verify the data communicated by the consumer.

I acknowledge that Equa bank a.s. shall process the provided personal data in the scope provided to Equa bank a.s. in connection to this proof of income to negotiate about a contractual relation and creditworthiness assessment.

Place _____ date _____ Client's signature: _____

EMPLOYMENT DATA (TO BE FILLED BY EMPLOYER):

Employer name:	Company ID number:
Seat (street, number, city, postcode, country):	

Confirms that the aforementioned Employee is:

Employed as (role):	Start of employment:
Average net monthly income for the last 12 months:	
In the case of shorter period of employment - the average net monthly income for the last: months:	
The basic monthly gross wage at the date of issue of this confirmation is:	
The Employee has beendays on a sick leave over the past 12 months.	

Wage deductions:

Installments for granted loans:	Deductions based on a judicial decision:
---------------------------------	--

Employment contract:

<input type="checkbox"/> permanent		
<input type="checkbox"/> fixed-term	length according to current contract / amendment (month):	<input type="checkbox"/> Maternity substitute
<input type="checkbox"/> other:		

For the correct and complete data on behalf of Employer:

First name:	Last name:	Phone:
Company name (if different from Employer):		Company ID number:

This proof of income is valid for 30 days from the issuance date.

Place _____ date _____ Signature and stamp of company _____