

Employer's confirmation of income

Applicant Co-aplicant/Guarantor Spouse

Fill in by :

Title/first & last name: _____

Surname at birth: _____ Birth identification nr: _____

Address: _____

Marital status: Single Married Divorced Widow/Widower

Number of dependents: _____

Fill in by employer (Payroll office) :

Company's name: _____ Co. Reg. No: _____

Company's residence: _____

Hired from: _____ Position: _____

Definite period from _____ to _____

Indefinite period from _____

Trial period from _____ to _____

Notice period to _____

Net monthly income, 6 months average: _____

Total wage deduction: _____ Wage deduction based on court's decision : _____

Wage paid on account/Bank, Account number: _____

Wage paid in cash

Name of payroll office employee: _____

Telephone number: _____

Employer certifies that the information is true and is not in negotiations with the employee on termination with employment.

Date of issue: _____ Stamp: _____

Signature of payroll office employee: _____

Confirmation is issued for the use of Co. Consumer Finance Holding, a.s.
Place of business: Bernoláková 4681/17, 058 01 Poprad Reg. No. 35923130, Tax Reg.No: 2021981797, VAT No: SK7020000207 Registered in Commercial Register at District Court Prešov, Section Sa, Insert No. 10315/P



CONSUMER FINANCE
HOLDING

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