

**CONFIRMATION OF INCOME**

(USE CAPITAL LETTERS)

**Personal data of the employee**

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

Hereby I give consent to Employer to provide information about my employment and income to mBank S.A. in case of telephonic or e-mail verification to be able to evaluate my creditworthiness.

**Employer details**

 .....  
Date and client signature

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

**Information about employment**

Position	Employed since (date/month/year)
<input type="checkbox"/> Employment for indefinite period	<input type="checkbox"/> Employment for definite period till
<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 3 months:	
Average monthly net income for past 12 months (including/excluding bonuses, benefits etc.)*	
Type of variable component	<input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> anual <input type="checkbox"/> other (define)
<input type="checkbox"/> Salary is paid to a bank account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Salary is paid in cash	

\* in case of shorter period of employment, please indicate the number of months in numeral

**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

Salary is processed by an external company (name, company ID number)

 Yes  No

**Issued by**

Name and surname	Position
Email	Phone number

I confirm that all the data included are correct, complete and actual.

Place \_\_\_\_\_ Date \_\_\_\_\_

Authorized person signature / Stamp

This confirmation will expire 30 days after date of issue.

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