

Т	rade name / name / surname, first name	: :				
Е	Employer's registered office / address inc	I. postal code:				
С	Company ID (IČO):		Employer's telephone number	(fix line):		
(h	ereinafter the " Employer ")					
 1. The Employer hereby confirms that the: Applicant for a credit Guarantor Natural person (hereinafter the "Employee") 						
	Surname, first name, title:					
	Address (permanent residence):					
	Birth number / date of birth:					
	has been employed by the Employe	er as			1 since	2.
	The Employee is employed for a definite period of time, until/ on an agreement for working activity valid until/ for an indefinite period of time ³ The Employee's monthly income is:					
٥.	Average monthly net income in last 12					
	Annual gross income in last taxation p		insurance:			
	Fill in only if the employee has been employed for less than 12 months and specify the actual number of months (3 months at a minimum):					
	Average monthly net income in last months:					
4.	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $					
	Pursuant to an execution of a ruling:					
	Instalments:					
	Another reason:					
5.	The Employer hereby declares that no actions that might result in the Employee's employment termination have been initiated by the Employer and the Employee is not being on a trial period.					
6.	The Employee asks the Employer to provide Komerční banka, a.s. (hereinafter also referred to as the "Bank"), upon its request, with the data necessary for the legal verification of the information contained herein, in particular over the telephone and, if necessary, re-issue the Certificate of Income of the aforesaid Employee. The verification interview can be recorded for the Bank's needs. The Employer acknowledges the foregoing.					
7.	The Employee acknowledges that, in order to meet the legal obligation to verify the information provided by the consumer in the credit application, the Bank shall be entitled to provide the Employer with information to the extent to which it has been provided herein, and to do it also over the telephone or by email.					
8.	This Certificate is be valid for 30 days from the date of issue.					
In						
In	Place and date of issue of the Ce	rtificate	Issued by, telephone no.	E	mployer's stamp and s	ignature
				Employee's signature		
2	Specify the job title. Fill in the day, month and year. Select the right option.					