MBH BANK

Effective from: 12.01.2026

EMPLOYER'S CERTIFICATE FOR MORTGAGE LOAN AND BABY LOAN APPLICATIONS

TO BE COMPLETED IN BLOCK CAPITALS.

Employee's details (to be completed by the Employer)

Employee's name: _____

Mother's name at birth: _____

Place and date of birth: _____

Employer's details (to be completed by the Employer)

Employer's name: _____

Tax number: _____

Address: _____

E-mail address: _____

Employment details (to be completed by the Employer)

Start date of employment: ____ day ____ month _____ year

Employment: ☐ indefinite term ☐ definite term, ending on: ____ day ____ month _____ year

Definite term employment to be extended: ☐ yes ☐ no

Subject to probationary period: ☐ yes ☐ no

Subject to notice of termination: ☐ yes ☐ no

At present incapable of work: ☐ yes ☐ no

If yes, specify incapacity to work: _____

Incapacity to work for more than 30 days over the last 3 months: ☐ yes ☐ no

also at present since ____ day ____ month _____ year

Start and expiry dates of incapacity to work: ___ day ___ month _____ year - ____ day ____ month _____ year

Occupation: _____ Work (weekly): _____ hours of working times

Position: ☐ physical worker ☐ Non-manual worker ☐ middle manager ☐ senior manager

Relationship between the employee and employer and company signatory/signatory of this certificate:

☐ none ☐ owner ☐ close relative

Wage details (to be completed by the Employer)

Payment method: ☐ cash ☐ transfer

Certified wage earning period (year/month)	year/ month	year/ month	year/ month
Monthly net base wages:			
Other monthly wages, amount:			
Other monthly wages, amount:			
Other monthly wages, amount:			
Other monthly wages, amount:			
Monthly paid wages:			

Deductions/withholdings from the income (sum)*: *_____ , reason: _____

Start of the period: _____day _____month _____year, expiry date: _____day _____month _____year

** The amount stated here includes all deductions and withholdings from the paid wages, therefore the amount of advance wages, child support, employer loans, other deductions/withholdings by other bodies, etc. must be indicated here.*

We hereby declare that the prescribed taxes have been paid on the income certified above.

Name of the person responsible for completion/payroll accounting firm: _____

Date: _____, _____

Employer's official signature