EMPLOYMENT VERIFICATION



With reference to the application for changing the terms of the loan agreement granted by BPH S.A. (with a registered seat in Gdańsk) I hereby submit the employment verification form together with the authorization to provide the Bank with information. Information on employment will serve solely for the purpose of making the decision on the credit. In case of any questions or doubts please contact a Bank employee by phone.

I AUTORIZATION FOR THE EMPLOYER TO PROVIDE THE BANK WITH INFORMATION

1. First name, surname, address of the Applicant:

2. Name/address of the Employer:

Registration Number:

I hereby state that I have applied to Bank BPH S.A. for a mortgage loan/changing the terms of the loan. By means of my signature I consent to disclosing the information with reference to my employment and the sum of my remuneration to Bank BPH S.A. through sending the filled form by fax and post or by means of a confirmation of the data contained therein by phone. I confirm that I have been made aware of the legal liability under Article 297 of the Penal Code (Journal of Laws Dz. U. no. 88, item 553 as subsequently amended) for making untrue statements in purpose to obtain credit and I have become acquainted with reading of above mentioned Article.

Date and signature of Applicant:

II EMPLOYMENT VERIFICATION (TO BE FILLED BY THE EMPLOYER)

 Date of employ.

and stamp of the Employer Type of employment contract:

Open-ended contract,		Seasonal wor	ker	
Contract for the period to:		Other:		
During the probation period		U Other.		
2. POSITION HELD:				
3. CURRENT MONTHLY GROSS BASIC REMUNERATION:	Date/s of ren	nuneration change/s (p	lease consider 12 months back	since date of filling this form)
4. GROSS SUM OF REMUNERATION broken down to	Full number of months cur	rent year:	Full number of mo previous year:	onths
a. Basic remuneration with taxation				
b. Overtime				
C. Commissions/Bonuses (monthly/quartely/half-yearly)				
d. Commissions/Bonuses (yearly)				
e. Other (what kind?):				
5. IS THE ABOVEMENTIONED REMUNERATION E CARE, COMPANY CAR MAINTENANCE, INSURAN	CE, RETIREMENT)?	NT OF COURT VERD	ICTS OR ON ANY OTHER AC	COUNT (SUCH AS MEDICAL
No Ves, please specify amount an	d reason:			
6. DID THE APPLICANT RECIVE AN EMPLOYMENT DELIVER THE EMPLOYMENT TERMINATION NOT		ROM EMPLOYER OR	DID THE APPLICANT	No Yes
7. IS THE REMUNERATION TRANSFERRED TO BA	NK ACCOUNT?	Yes (No	
8. DOES THE APPLICANT HAVE ANY LOANS GRA	NTED BY EMPLOYER (SOC	CIAL ASSISTANCE FU	<u> </u>)THERS)?:
a) actual amount:	monthly instal	Iment:	pay off term:	
b) actual amount:	monthly install	ment:	pay off term:	
9. IS THE EMPLOYER IN CONDITION OF LIQUIDA	TION OR BANCRUPTCY?	No	Yes, since date:	
III EMPLOYER STATEMENT: I/ we hereby declare the understand that Bank BPH S.A. will use the inform aware of the fact that information in variance with the person providing them.	nation provided for the pur	pose of making a de a financial loss of the	ecision with reference to the	e credit. I/ we am/ are
Signature	DAI	L.		

DATE:
Name and surname, position, tel. number of the person filling the form