



STATEMENT OF INCOME

TO BE COMPLETED BY THE EMPLOYER
EMPLOYEE'S DETAILS AND EMPLOYMENT INFORMATION

First name: Last name:

Date of birth: --

Employer's name and address (company stamp):

Employed from: --

Currently occupied position:

Date of last salary increase: --

Tax-deductible expenses: standard increased

Employment in the public sector: yes no

Employment in uniformed services: yes no

Shares in the company: none below 20% 20%-50% over 50% not applicable

Form of contract:

Employment contract for: indefinite term definite term until: -- trial period until: --

Nomination / appointment for: indefinite term definite term until: --

Current gross base salary:

GROSS INCOME EARNED BY THE EMPLOYEE IN THE LAST 12 MONTHS				
Month / Year	Base salary	Regular variable compensation ¹	Irregular variable compensation ²	Total compensation

¹ Regular variable compensation is understood as variable compensation components, such as bonuses, **obtained not less frequently than every 3 months.**
² Irregular variable compensation is understood as variable compensation components, such as bonuses, **obtained less frequently than every 3 months.**

REQUIRED INFORMATION	NO	YES	IF SO, IN WHICH AMOUNT AND UNTIL WHICH DATE
Has the contract been terminated?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the Employer in bankruptcy / liquidation / restructuring proceedings?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any deductions from the compensation for the Company Employee Benefit Fund (ZFSS)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any deductions from the compensation for enforcement seizures?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a premium towards a Employee Capital Plan?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any other deductions from the compensation?	<input type="checkbox"/>	<input type="checkbox"/>	

CONFIRMATION BY THE EMPLOYER

It is hereby confirmed that the above data are true and correct.

Date: -- Town/city:

Employer's telephone number:

Signature and stamp of the chief accountant or person authorized to confirm the above data

EMPLOYEE'S DECLARATION

I hereby give consent to Deutsche Bank Polska S.A. to verify the correctness and accuracy of the aforementioned data.

Date: -- Town/city:

Employee's signature

WZ/2010/01/28 ver. 4.0