

(Please complete in BLOCK CAPITALS)

Name of employee		Application ref.	
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The bank is processing a loan application at present on behalf of the above applicant, who has informed us that he/she is currently employed by you. We would be obliged if, in the strictest confidence, you would give us the information requested below.

Address of employee	
Date of commencement of employment	
Does employee have flexibility to work remotely on an ongoing basis as part of their current role?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Exact location of employment	
Staff work number	
PPS number	
Position held with company	
Has the employee completed his/her probationary period?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Is employment: Permanent Pensionable Temporary Fixed Contract

Term of contract (is the contract renewable, if renewable, please state terms):	
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	Current Year	Previous Year	2 Years ago	Guaranteed Yes <input type="checkbox"/> No <input type="checkbox"/>
Gross basic annual salary				Yes <input type="checkbox"/> No <input type="checkbox"/>
Car allowance				Yes <input type="checkbox"/> No <input type="checkbox"/>
Health/dental insurance (employer contribution)				Yes <input type="checkbox"/> No <input type="checkbox"/>
Shift allowance				Yes <input type="checkbox"/> No <input type="checkbox"/>
Overtime				Yes <input type="checkbox"/> No <input type="checkbox"/>
Bonus				Yes <input type="checkbox"/> No <input type="checkbox"/>
Commission				Yes <input type="checkbox"/> No <input type="checkbox"/>

Is the employee on a salary scale	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the maximum of the scale	€
As far as you are aware will he/she continue in your service	Yes <input type="checkbox"/> No <input type="checkbox"/>
On behalf of (I certify that the above information is accurate)	

Signed	
Print name	
Position	
Company name	
Company address	
Date	
Landline phone No.	

Please authenticate with company seal/stamp	
Email address	
Registered No.	