

Audit Client Information Sheet

Basic Client Information

Client Name: _____

Client ID/Reference: _____

Business Address: _____

Contact Person: _____

Contact Number: _____

Email Address: _____

Organization Details

Type of Entity: _____

Nature of Business: _____

Year Established: _____

Audit Engagement Information

Period to be Audited: _____

Previous Auditor (if any): _____

Reason for Audit: _____

Special Requirements/Comments: _____

Key Contacts

Name	Position	Email	Phone

Business Registration Information

Registration Number: _____

Tax Identification No. (TIN): _____

Other Licenses/Certifications: _____

Important Notes

- This sheet collects essential client data before commencing audit procedures.
- All information should be accurate and updated to avoid audit delays.
- Confidentiality of client data must always be maintained.
- Significant changes in client information must be promptly communicated to the audit team.
- Document should be reviewed and signed by an authorized representative of the client.