

# Independence Reconfirmation Questionnaire for Audit Teams

## Team Member Information

Name:

Email:

Audit Engagement (Client Name/Code):

Position/Role:

## Independence Confirmation

1. During the engagement period, have you or your immediate family had any financial interests in the audit client?

No  Yes

2. Have you provided any services to the audit client other than permitted audit services?

No  Yes

3. Are you aware of any relationships or circumstances that could impair your objectivity or independence?

No  Yes

4. Have you received any gifts, hospitality, or favors from the audit client beyond nominal value?

No  Yes

5. Other relevant disclosures (if any):

## Declaration

I hereby confirm that the above information is accurate to the best of my knowledge and that I will notify the Audit Partner immediately should any change to my independence status occur.

Date:

## Important Notes

- This questionnaire must be completed by all members of the audit team for each engagement.
- It is required to reconfirm independence at key stages of the audit, and upon any change in circumstances.
- False or incomplete disclosures may result in disciplinary action.
- Consult your supervisor or the independence team if in doubt about any situation or relationship.
- Retain a signed copy as part of the audit documentation for compliance review.