

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:

YYYY-MM-DD

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.