

# Independence Self-Assessment Checklist for Audit Team

**Audit Engagement Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Audit Team Member Name:** \_\_\_\_\_

**Role in Engagement:** \_\_\_\_\_

## Checklist

Assessment Statement	Yes	No	Comments/Details
Do you or any immediate family member hold direct or material indirect financial interest in the audit client?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had any employment relationship with the audit client in the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you aware of any relationships that may create a threat to your independence (including close relationships or business dealings)?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you provided any non-audit services to the audit client in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you aware of any other circumstances or facts that may be perceived as a threat to your independence?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you received any gifts or hospitality from the audit client or its management?	<input type="checkbox"/>	<input type="checkbox"/>	

## Declaration

I confirm that the above information is complete and accurate to the best of my knowledge and belief. I will immediately inform the audit supervisor if any circumstances change that could affect my independence.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Important Notes:

- Independence is fundamental to the integrity and objectivity of the audit process.
- This self-assessment should be completed by every audit team member prior to involvement with the engagement and updated if circumstances change.
- Disclose any situation that might be perceived as compromising independence, even if unsure.
- Failure to maintain independence can result in disciplinary action and affect the credibility of audit results.
- Consult the audit supervisor or compliance officer if you have questions regarding specific threats to independence.