

Team-Based Independence Confirmation Document

Date: _____

Team/Department: _____

Period Covered: _____

Purpose

This document serves as the formal confirmation by the team listed below regarding their compliance with independence requirements for the period specified above.

Team Members

Name	Role	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Confirmation Statement

By signing above, each team member confirms that they have reviewed, understood, and complied with all relevant independence requirements applicable to their professional responsibilities throughout the specified period.

Team Leader/Manager: _____

Signature: _____

Date: _____

Important Notes

- Each team member must complete and sign this confirmation personally.
- This document should be retained for internal and regulatory compliance records.
- Any changes in independence status must be disclosed promptly to the team leader or relevant compliance officer.
- Periodic renewal of this confirmation may be required, as determined by organizational policy.