Audit Questionnaire

Name of Corporation: _____

Corporation / Licensed Provider

Financial year ended: _____

address: _____

Date: _____

		Yes	No	N/A
1.	(a) Which areas of system of internal controls of the Licensed Corporation / Licensed Provider have you relied on when conducting your audit?			
	Handling of client accounts	‘	‘	‘
	Dealing practices	‘	‘	‘
	Asset protection	‘	‘	‘
	Risk management	‘	‘	‘
	Information management	‘	‘	‘
	Others (supply			

If the Licensed Corporation / Licensed Provider and / or its associated entity has held client assets during any time in the financial year, please answer questions 5 to 7:

	Yes	No	N/A
In the course of your audit,			