



# ACCOUNTANTS SUPPLEMENTARY QUESTIONNAIRE

### IMPORTANT NOTICE

This Supplementary Questionnaire forms a key part of your PI Proposal and it is important that all material facts continue to be fully, frankly and accurately disclosed.

**PLEASE REMEMBER TO SIGN AND DATE THIS FORM.**

### JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

#### Name of Applicant

#### Name of Broker

## A BUSINESS DETAILS

1. Please apportion your total fee income split by the following type of work:

Type of Work	Percentage
Audit – full statutory commercial audits including non-profit organisations	%
Audit – schools and other audits on behalf of Govt Audit Office	%
Audit - limited scope as instructed by directors, committee members etc and all other audits	%
Accounts preparation or book keeping	%
Receiverships, liquidations or bankruptcies	%
Investment advice or investment management	%
Superannuation fund management/trusteeship	%
Financial planning and insurance broking activities	%
Taxation	%
Company directorships/secretarial positions	%
Other (please specify)	%
<b>TOTAL</b>	<b>100%</b>

2. Do you undertake investment advice or investment management?

Yes  No

If Yes,

(a) What is the total value of clients' assets under management?

\$

(b) Do you undertake an investment risk profile analysis for each client prior to investing or managing funds on their behalf?

Yes  No

(c) Do you always require and retain written instructions for all transactions relating to the investment or management of funds?

Yes  No



3. Have you ever been involved in the promotion or creation of investment geared taxation schemes, wrap mortgages or other tax minimisation schemes? Yes  No

If Yes, please provide full details


4. Have you ever been involved in the promotion of a contributory mortgage scheme? Yes  No

If Yes, please provide full details


**B AUDITS**

1. Do you undertake audit work? Yes  No

If Yes, please answer the rest of the questions in this section. If No, please proceed to the declaration.

2. In the last financial year, how many of the following types of audit were undertaken?

Audit Category	Number Undertaken
Listed Public Companies	
Financial Institutions (including finance companies and credit unions)	
Private Companies	
Non-profit organisations	
Limited scope audits (as instructed by directors, shareholders, committee members etc)	
Solicitors nominee or other nominee companies	
All other audits	
<b>TOTAL</b>	

3. Please provide the names of any Listed Public Companies or Financial Institutions for whom you undertook audit work.


4. In the last financial year how many audit reports or statements made by your firm have been included in any prospectus issued to the public pursuant to the Securities Act 1978?

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5. What procedures are in place to ensure that audits are carried out in accordance with guidelines issued by the Institute of Chartered Accountants in New Zealand?

Empty text box for answer to question 5.

6. Do you conduct regular peer reviews of audit files? Yes  No

7. Please name each of the partners engaged in audit work and state the number of years' experience they have had in conducting such audits.

Name of Partner	Years Experience

8. Please list all audit clients who, in the last 12 months, have either changed auditors or from whom you have resigned your services. Please explain the reasons.

Client	Changed/Resigned	Reason

9. Please provide details of any previous or current audit clients who have been placed in liquidation, receivership or statutory management in the last financial year.

Empty text box for answer to question 9.

10. Is there any other information in your possession that you would consider material to the risk being proposed? Yes  No

If Yes, please provide full details

Empty text box for answer to question 10.

**DECLARATION**

I declare that all answers and statements in this supplementary questionnaire are correct and complete in every respect and there is no further information, outside of that supplied in this questionnaire or the Proposal Form, which may affect acceptance of this proposal.

Signed  Date

Printed name  Position



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