**Independence Checklist for Employees**

[*to be used ANNUALLY in conjunction with the employee review]*

|  |  |
| --- | --- |
| Name of Employee: |  |
| Office: |  |

Completion of this form provides data for determining that the practice is complying with the independence rules, regulations and interpretations of CPA Australia and any relevant statutory bodies.

**Yes\* No**

 🞏 🞏 Do you have a direct or indirect material financial interest in a client, or its subsidiaries/ affiliates?

 🞏 🞏 Do you have a financial interest in any major competitors, investees, or affiliates of a client?

 🞏 🞏 Do you have any outside business relationship with a client, or an officer, director or principal shareholder with the objective of financial gain?

 🞏 🞏 Do you owe any client any amount, except as a normal customer, or in respect of a home loan under normal lending conditions?

 🞏 🞏 Do you have the authority to sign cheques for a client, or make electronic payments on their behalf?

 🞏 🞏 Are you connected with a client as a promoter, underwriter or voting trustee, director, officer or in any capacity equivalent to a member of management or an employee?

 🞏 🞏 Do you serve as a director, trustee, officer or employee of a client?

 🞏 🞏 Has your spouse, or minor child been employed by a client?

 🞏 🞏 Has anyone in your family been employed in any managerial position by a client?

 🞏 🞏 Are any billings delinquent for clients that are your responsibility?

 🞏 🞏 Have you received any benefits such as gifts or hospitality from a client that are not commensurate with normal courtesies of social life?

 🞏 🞏 Are there any other independence issues that you believe are relevant to disclose?

I have read the Independence Policy of the practice, and professional standards related to independence, and I believe I understand them. I am in compliance except for the matters listed below.

|  |
| --- |
|  |
|  |

Arrangements made to dispose of above exceptions or manage conflicts to comply with policies:

|  |
| --- |
|  |
|  |

*\*Note: if you answered ‘YES’ to any of the answers above, please also complete the Independence Resolution Memorandum.*

|  |  |
| --- | --- |
| **Signature of Employee:** | **Date:** |
| **Signature of Employer:** | **Date:** |