



**REQUEST FOR EXPRESSIONS OF INTEREST**  
**QUESTIONNAIRE FOR ACCOUNTING FIRMS INTERESTED IN**  
**PROVIDING EXTERNAL AUDITING SERVICES**

1. NAME OF FIRM:

2. ESTABLISHED:                      YEAR:                      COUNTRY

3. TYPE OF ORGANISATION:

Partnership                      Individual                      Limited Liability Company

Other  
(specify)

4. Business Mailing Address

Telephone No.:

Fax No.:

E-mail Address:

5. NAMES AND ADDRESSES OF FIRMS ASSOCIATED WITH YOU ON THIS ENGAGEMENT

6. PRINCIPALS OF FIRM (Names and Titles)

7. KEY PERSONNEL OF FIRM WHO WILL WORK ON THE ENGAGEMENT (Names and Titles)

8. NUMBER OF PERSONNEL IN YOUR FIRM AT PRESENT

Principals

Managers

Other Professional Staff

Other Staff

Total number of staff

9. NUMBER OF PERSONNEL IN YOUR FIRM DURING THE PAST FIVE (5) YEARS

Maximum number:

Year of maximum:

Normal strength:

10. TYPE OF WORK WHICH YOUR FIRM USUALLY PERFORMS OR WHICH IS DONE BY YOUR ASSOCIATED FIRMS

Auditing

Accounting

Management Consultancy

Note and/or bond issue support

Prospectus Review

Please add a brief note if there is other relevant work which is performed by your firm.

11. PERSONAL HISTORY STATEMENT OF PRINCIPALS WITHIN YOUR FIRM WHO WILL WORK ON THIS ENGAGEMENT  
(Attach additional sheets as necessary)

Name:

Citizenship:

Country of Residence:

Total years of experience:

As Principal in this firm:

As Principal in other firms:

Other than Principal

Total years at this firm

Education (Institution, Degree/Professional Qualification, Year, Specialisation)

Membership in Professional Organisations

Areas of Special Competence

Relevant Experience

12. PERSONAL HISTORY STATEMENT OF KEY EMPLOYEES WITHIN YOUR FIRM WHO WILL WORK ON THIS ENGAGEMENT (Attach additional sheets as necessary)

Name:

Citizenship:

Country of Residence:

Position:

Total years of experience:

In present position in this firm

In similar posts at other firms:

Total years at this firm:

Education (Institution, Degree/Professional Qualification, Year, Specialisation)

Membership in Professional Organisations

Areas of Special Competence

Relevant Experience

13. LISTING OF MULTILATERAL BANKS AND/OR INTERNATIONAL COMMERCIAL BANKS AUDITED BY THE FIRM  
WITHIN THE LAST SIX YEARS (Attach additional sheets as necessary)

Years	Name of Client	Brief Description of Services Provided
-------	----------------	--

TYPED NAME AND TITLE OF SIGNATORY

SIGNATURE:

DATE: