



**EXAMINATION QUESTIONNAIRE**

<b>Full Name of Charity</b>		
<b>Charity No: (If registered)</b>		<b>Company No: (If registered)</b>
<b>Name of contact person</b>		
<b>Address (Address to send draft accounts)</b>		
<b>Tel No</b>	<b>Mobile</b>	<b>Email</b>
<b>Accounting year-end date</b>		<b>Estimated total income for the year being examined</b>
Please Note our Invoices are raised at the point of draft accounts being issued. <b>Should you wish to pay by standing order please tick box</b>		
We are happy to lodge your accounts with the appropriate statutory bodies and complete your annual returns there will be an additional charge of £65 per hour plus VAT. If Yes submit pass codes * (We accept no responsibility for submission should you decide not to use this service) <div style="text-align: right;">Yes/ No.</div>		
If you wish to use this service please answer the additional questions at the end of this questionnaire		

Correspondence and draft accounts are sent by email at the email address given above if you wish to receive by post please tick here

- |  |               |  |
|--|---------------|--|
| <i>Does the Charity Hold Fixed Assets such as furniture and equipment?</i>     |               | <i>Yes/No</i>  |
| <i>How do you record donations and/or offerings for special purposes?.....</i> |               |  |
| <i>Have accounts been prepared?</i>  | <i>Yes/No</i> | <i>Are any Employees Self Employed</i>                   |
| <i>Does the Charity have any employees?</i>                                    | <i>Yes/No</i> | <i>Does the charity have Trustee Indemnity</i>           |
| <i>Does the Charity operate a PAYE Scheme?</i>                                 | <i>Yes/No</i> | <i>Insurance policy in place</i>                         |
| <i>Does the Charity operate a pension scheme</i>                               | <i>Yes/No</i> | <i>If yes please provide Pension details</i>             |
| <i>Does the Church/Charity own any buildings?</i>                              |               | <i>If yes please provide Mortgage account statements</i> |

*If you are an Incorporated charity and require exemption from paying Corporation Tax you must complete a Cha1 and obtain an exemption reference. Also ensure you have a PSC Register visit [www.gov.uk](http://www.gov.uk) for more info.*

Unincorporated - If income and expenditure exceeds £250,000. Incorporated - Full accruals. We will need a list of debtors and creditors accruals and prepayments both at the beginning and end of the year. This needs to include tax recoverable.

*When your records are received we will confirm our quote for the Independent Examination, any work which is required but which would incur an additional fee is charged on an hourly basis and will be agreed prior to any work starting.*

- Please provide the following documents and records (Photocopies would be preferred) We will make a minimum charge of £12.50 for Postage and Handling costs, additional postage costs may be incurred for large parcels, additional copies, next day deliveries
- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Cash book(s) and ledger(s) or disc</li> <li><input type="checkbox"/> Bank Reconciliation to cash book</li> <li><input type="checkbox"/> PAYE records</li> <li><input type="checkbox"/> Invoices or receipts for all payments over £500</li> <li><input type="checkbox"/> Copy of the trial balance or draft accounts</li> <li><input type="checkbox"/> Details of any liabilities at the year end</li> <li><input type="checkbox"/> Copy of minutes of Trustees meetings</li> <li><input type="checkbox"/> Details of grants paid in relation to charitable objects</li> <li><input type="checkbox"/> Copy of prior year accounts / If not held on file</li> <li><input type="checkbox"/> Mortgage Accounts Statements</li> <li><input type="checkbox"/> Photo ID for each Trustee/ Director and proof of Residency</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Gift Aid Tax Reference Number</b></li> <li><input type="checkbox"/> Bank statements</li> <li><input type="checkbox"/> Records of cash donations</li> <li><input type="checkbox"/> Gift Aid receipt records</li> <li><input type="checkbox"/> Copy of the Trust Deed or Constitution</li> <li><input type="checkbox"/> Inventory of Assets and their value</li> <li><input type="checkbox"/> Details of insurances</li> <li><input type="checkbox"/> Trustees report reviewing the year's activities.</li> <li><input type="checkbox"/> Details of related parties and Associated Companies</li> <li><input type="checkbox"/> List of Charity Activities as per Charitable Objects</li> <li><input type="checkbox"/> Bound accounts required</li> </ul> |
|--|---|

**IN AN EFFORT TO REDUCE OUR CARBON FOOTPRINT FINAL ACCOUNTS WILL BE ISSUED IN PDF FORMAT IF YOU REQUIRE A BOUND SET OF ACCOUNTS PLEASE TICK THE BOX**

**WE AIM TO MEET OUR 28DAY TURNAROUND TO DRAFT ACCOUNTS BUT THIS CANNOT BE GUARANTEED IF ANY INFORMATION IS MISSING**

**EXAMINATION QUESTIONNAIRE**

**INFORMATION REQUIRED TO COMPLETE THE ANNUAL RETURNS**

**\* Log On Codes**

Charity Commission:

We will log in and enter our email address as the trusted third party.

Companies House:

**Please Answer the Following:**

Activities in the year

---

Where the Charity Operates:

---

Number of Volunteers:

---

Land and Buildings Owned by the Charity:

---

Has the Charity claimed Gift Aid in the financial period:

---

Does the Charity raise funds from the Public:

---

Does it use Professional Fundraisers:

---

Any Trading Subsidiaries:

---

Are any Trustees paid for acting as a Trustee of the Charity:

---

Any Grant Making activities:

---

Other Regulators:

---

Any linked Charities:

---

The Charity Commission return may be subject to change and we may need to ask for additional information at any time

Do you have written policies in the following Areas:	
Risk Management	Yes/No
Investment	Yes/No
Vulnerable Beneficiaries	Yes/No
Conflict of Interest	Yes/No
Volunteer Management	Yes/No
Complaints handling	Yes/No

**Please ensure we have a complete set of details for each Trustee:**

Full Name: Address: Postcode: Telephone: Date of Birth: Date of Appointment:	Full Name: Address: Postcode: Telephone: Date of Birth: Date of Appointment:
Full Name: Address: Postcode: Telephone: Date of Birth: Date of Appointment:	Full Name: Address: Postcode: Telephone: Date of Birth: Date of Appointment:

(Include a separate sheet for additional Trustees)

**Signed by:** ..... **Date** ..... **Position**.....