

## QUESTIONNAIRE – Partnering Firm

### SECTION A: ABOUT THE FIRM

1. Name of the Partnership \_\_\_\_\_

2. Number of Partners and their names

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Date of Establishment \_\_\_\_\_

4. Address of Head Office and Branches

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Contact details –

a. Telephone Number \_\_\_\_\_

b. Email address \_\_\_\_\_

c. Website \_\_\_\_\_

6. Locations serviced by the firm \_\_\_\_\_

\_\_\_\_\_

7. Number of staff by location

Office Location	Partners	Qualified Staff	Semi Qualified Staff	Apprentice	Total

8. Membership of Professional Bodies, Trade Chambers, Associations, Networks

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\_\_\_\_\_

\_\_\_\_\_

9. Services offered by your firm

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10. Experience in servicing international Companies/Clients (Specify geography and services offered)

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11. Brochure or other details about firm

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## SECTION B: CLIENTS

1. Number of recurring clients \_\_\_\_\_

2. Client percentage breakdown by service

Services	Percentage of Revenue

3. Number of clients with foreign parentage (with country of origin)

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## SECTION C: RISK ASSESSMENT

1. Break up of recurring fees – Contribution of top 5 clients to revenues

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2. Is there any litigation pending or threatened against your firm? \_\_\_\_\_

3. If yes, please provide details

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4. Have there been any claims against your firm in the last 5 years

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5. Is your firm subject to regular peer reviews or external quality checks?

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6. Does your firm buy Indemnity Insurance – please specify details

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7. Any other risks

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## SECTION D: REPRESENTATIVE

1. Who will represent your firm in ASA meetings and conferences?

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Direct Email: \_\_\_\_\_

Direct Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

(Completed questionnaire to be forwarded to [kim.collaco@asa.in](mailto:kim.collaco@asa.in))