

Initial Client Survey

General Information

Company Name: _____

Address of Main Location: _____

Phone Number: (____) _____ Fax Number: (____) _____

Asset Size: _____ Founded: _____ IBA Member? Yes No # Locations: _____

Employees: _____ # Servers: _____ # Network Devices: _____ # Workstations: _____

Examinations

Governed by (check all that apply):

OCC FDIC DFI NCUA
 OTS FRB SEC SOX

When was last examination? _____

Who? _____

Concerns expressed in examination: _____

Information Systems

Network Operating System (Windows, Novell, Unix, Citrix, etc.): _____

Core Processor: _____ Internet Banking: _____

External IP Addresses _____ If outsourced, who supports your IT Systems: _____

Number of Support Personnel (in-house):

General IT Support Core Support IT Security Support

Contact Information

Primary Contact: _____ Title: _____

E-mail: _____ Years at THIS company: _____ Years in banking: _____

IT Manager: _____ Internal Auditor: _____

Information Security Officer: _____ Compliance Officer: _____

Test Concerns

Do you have an IT Audit Plan? _____

Do you have a Risk Assessment? _____

Do you want an Audit or Review? _____

When was your last test? _____

Test Areas of Interest (check all that apply):

Risk Assessment
 External Technical Vulnerabilities
 Internal Technical Vulnerabilities
 Network Configuration
 User Awareness (Social Engineering)
 Non-technical Controls
 Compliance