

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
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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
