

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	

When was last examination? _____

Who? _____

Concerns: _____

Information Systems

Describe your Network (Windows, Novell, Unix, Citrix, etc.):

Core Processor: _____ Internet Banking: _____

When was Internet Banking started: _____

If outsourced, who supports your IT Systems: _____

Number of Support Personnel (in-house):

____ General IT Support ____ Core Support ____ IT Security Support

Primary Contact

Name: _____ Title: _____

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

Team Information

President: _____ E-mail: _____

Internal Auditor: _____ E-mail: _____

Information Security Officer: _____ E-mail: _____

Compliance Officer: _____ E-mail: _____

Other: _____ E-mail: _____