

## Acknowledgment of Receipt and Fee for the planned Audit (Agreed-Upon Procedures)

(for the Auditor to complete and submit to the Grantee with a copy to SCBF)

To be completed by the Auditor and sent to [finance@scbf.ch](mailto:finance@scbf.ch). This form will be used by SCBF to approve the Auditor and the cost of the audit. Once the Grantee has the approval from SCBF Finance Manager, they can engage the Auditor.

### Auditors contact information:

|                                |  |
|--------------------------------|--|
| Audit company (incl. address): |  |
| Audit manager:                 |  |
| Audit manager's Email:         |  |
| Audit manager's Phone No.:     |  |

### Planning:

|                                |  |
|--------------------------------|--|
| Planned date of Data exchange: |  |
| Audit procedure - start date:  |  |
| Audit procedure - end date:    |  |
| Planned reporting date:        |  |

### Auditor's Quote for Agreed-Upon Procedure:

| Role               | Hours | Currency | Rate | Total |
|--------------------|-------|----------|------|-------|
| Director           |       |          |      |       |
| Manager            |       |          |      |       |
| Assistant          |       |          |      |       |
| <b>Grand Total</b> |       |          |      |       |

### Applicability of our Engagement Letter / Agreed-Upon Procedures Report:

Did you have to adapt the engagement letter and/or the Agreed-Upon Procedures Report significantly? (if yes, please explain why)

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### Confirmation

By sending back this contact form, we <insert name of Auditor> confirm:

1. the receipt of the instructions and our general understanding.
2. that we are authorised to provide audit services related to ISRS 4400 (by audit authority or similar).
3. that we are independent from the Grantee.
4. that we have the capacity, knowledge and willingness to conduct the audit.

\_\_\_\_\_  
Place/Date

\_\_\_\_\_  
Signature of the responsible / authorised Audit Manager