

Enter Form Last Digit:

Form Name: -

**Status**

☒ Started

☐ Complete

**COSO Component**

**COSO Principle**

**Control to Effect Principle**

**Present**

☐ Yes ☐ No

**Functioning**

☐ Yes ☐ No

**Internal Control Deficiency**

☐ Yes ☐ No

**Major Deficiency**

☐ Yes ☐ No

 No file attached

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