

Vendor Compliance Attestation Document

Vendor Name:

[Enter Vendor Name]

Point of Contact:

[Name, Title, Email, Phone]

Date:

[YYYY-MM-DD]

Compliance Period:

[Start Date - End Date]

Overview

This document attests to the compliance status of the above-named vendor with respect to the requirements established by [Company/Organization Name]. The statements below are made in good faith and to the best of the vendor's knowledge as of the date indicated.

Compliance Areas

Requirement	Compliant (Y/N)	Notes / Exceptions
Confidentiality Agreement in place	[Y/N]	[Details]
Data Protection / GDPR Compliance	[Y/N]	[Details]
Background Checks for Personnel	[Y/N]	[Details]
Security Training Provided	[Y/N]	[Details]
Insurance Coverage Verified	[Y/N]	[Details]
Incident Reporting Procedures	[Y/N]	[Details]
Other (specify)	[Y/N]	[Details]

Attestation Statement

I hereby attest that, to the best of my knowledge and belief, the information provided in this document is accurate and complete, and that [Vendor Name] is in compliance with the requirements listed above for the period stated.

Authorized Signatory

Date

Important Notes:

- This document should be retained for audit and regulatory purposes.
- False or misleading attestations may have legal consequences.
- Review and update this attestation regularly or when significant changes occur.
- Supporting evidence of compliance may be requested at any time by your client or regulator.