

Third-Party Compliance Certificate

Certificate Number: _____
Date of Issue: _____
Valid Until: _____
Issued By: _____

Recipient Information

Company/Organization: _____
Address: _____
Contact Person: _____
Email/Phone: _____

Compliance Scope

This certificate confirms that the above-named company/organization has been assessed for compliance with the following requirements:

- Relevant industry regulations: _____
- Applicable standards or policies: _____
- Specified audit period: _____

Statement of Compliance

Based on the assessment conducted by the certifying authority, it is hereby certified that the company/organization complies with the aforementioned standards and requirements as of the date of issue.

Authorized Signature

Name: _____
Title: _____
Signature: _____
Date: _____

Important Notes:

- This certificate is valid only for the scope and period specified above.
- The certificate does not cover compliance outside the certified scope.
- Any alteration or misuse of this document renders it invalid.
- Verification of authenticity can be requested from the issuing authority.
- Retention of supporting audit documentation is recommended for reference.