

Vendor Self-Assessment Compliance Form

General Vendor Information

Vendor Name

Contact Person

Email Address

Phone Number

Date of Completion

Compliance Assessment Questions

Does your company comply with all applicable laws and regulations?

Yes No

Do you have an established Code of Conduct?

Yes No

Does your organization conduct background checks for employees handling our data/services?

Yes No

Are information security policies in place and communicated to staff?

Yes No

Do you have a Business Continuity/Disaster Recovery Plan?

Yes No

Additional Information / Comments

Enter any relevant additional information or explanations.

Declaration

I hereby declare that the above information is true and correct to the best of my knowledge.

Authorized Signatory Name

Position/Title

Important Notes

- This form should be completed by an authorized representative of the vendor.
- Supporting documentation may be requested to verify responses.
- Falsification or omission of relevant information may result in disqualification or contract termination.
- All information provided will be treated confidentially and used for compliance assessment purposes only.
- It is the vendor's responsibility to update this form when significant changes occur.