

# 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

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## **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.