

Third Party Attestation Checklist Document

Document Version: 1.0
Date: _____
Prepared By: _____

Third Party Information

Organization Name	_____
Contact Person	_____
Email	_____
Phone	_____
Service(s) Attested	_____

Checklist

#	Checklist Item	Yes	No	Remarks
1	Verified the identity of the third party	<input type="checkbox"/>	<input type="checkbox"/>	
2	Attestation statement is clear and unambiguous	<input type="checkbox"/>	<input type="checkbox"/>	
3	All required supporting documents are attached	<input type="checkbox"/>	<input type="checkbox"/>	
4	Attestation complies with relevant regulations	<input type="checkbox"/>	<input type="checkbox"/>	
5	Third party's authorization is valid and current	<input type="checkbox"/>	<input type="checkbox"/>	
6	No conflict of interest is declared	<input type="checkbox"/>	<input type="checkbox"/>	
7	Review completed by authorized personnel	<input type="checkbox"/>	<input type="checkbox"/>	

Summary & Comments

Sign-Off

Name	Position	Date	Signature
_____	_____	_____	_____

Important Notes:

- This document serves as evidence of third party attestation and must be stored securely.
- Ensure all checklist items are carefully reviewed and completed as applicable.
- Only authorized representatives should complete and sign this checklist.
- Attach all supporting documentation referenced in the checklist to this record.
- Regularly review and update this template to reflect changes in compliance requirements.

