Third-Party Vendor Risk Assessment Questionnaire

Please complete the following sections to help us assess your organization's risk profile.

# 1. General Information

• Company Name:  
• Address:  
• Contact Person:  
• Services Provided:

# 2. Security Practices

• Do you have an Information Security Policy in place? (Yes/No)  
• Do you conduct background checks on employees? (Yes/No)  
• Is Multi-Factor Authentication (MFA) implemented for system access? (Yes/No)

# 3. Data Protection

• Do you encrypt sensitive data at rest and in transit? (Yes/No)  
• Do you comply with data privacy regulations such as GDPR or CCPA? (Yes/No)  
• Do you have a data breach notification process? (Yes/No)

# 4. Business Continuity

• Do you maintain a Business Continuity or Disaster Recovery Plan? (Yes/No)  
• How often is it tested?  
• Do you have redundant systems or backups in place?

# 5. Compliance and Certifications

• Do you have any certifications (e.g., ISO 27001, SOC 2)?  
• Are you regularly audited by third parties?

# 6. Attestation

I confirm that the information provided above is accurate and complete.  
  
Name:  
Title:  
Date: