

IT Vendor Compliance Verification Form

Vendor Information

Vendor Name

Contact Person

Contact Email

Contact Phone

Address

Compliance Requirements

Which of the following compliance standards does your organization adhere to?

- ☐ ISO 27001
- ☐ SOC 2
- ☐ GDPR
- ☐ PCI DSS
- ☐ HIPAA
- ☐ Other

Security Controls

Do you have an Information Security Policy?

- ☐ Yes
- ☐ No

Briefly describe your key security controls and measures in place

Data Handling

Will you process, store, or transmit customer data?

- ☐ Yes
- ☐ No

If yes, where will the data be stored/processed?

Third-Party Subcontractors

Do you use any third-party subcontractors?

☐ Yes

☐ No

If yes, please provide details

Attestations

☐ I certify that the information provided is true and correct to the best of my knowledge.

Authorized Representative (Name)

Title

Date