

# Vendor Information Verification Request

Date: [Insert Date]

To: [Vendor Name]

Address: [Vendor Address]

Contact: [Vendor Contact Information]

Dear [Vendor Name],

As part of our ongoing risk assessment process, we are conducting a verification of vendor information. We kindly request your assistance in providing the following details:

- Company Name
- Registered Address
- Tax Identification Number (TIN)
- Business License Information
- Current Insurance Certificates
- Corporate Governance Structure

Please respond to this request by [Insert Response Deadline]. Your prompt attention to this matter is greatly appreciated and will contribute to our efforts to ensure compliance and mitigate potential risks.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Your Contact Information]