

Reseller Risk Profile Assessment

Date: [Insert Date]

To: [Reseller Name]

Address: [Reseller Address]

Contact: [Reseller Contact Information]

Dear [Reseller Name],

We are conducting a risk profile assessment in relation to our partnership and your role as a reseller of our products. This assessment is important to ensure that we maintain a secure and compliant operational framework.

Assessment Summary

- Reseller Business Structure: [Insert Details]
- Market Presence: [Insert Details]
- Financial Stability: [Insert Details]
- Compliance History: [Insert Details]

Risk Evaluation Criteria

Please provide information on the following:

1. Business Ownership and Structure
2. Sales Volume and Market Reach
3. Previous Audits and Compliance Issues
4. Data Security Practices
5. Insurance Coverage

Your prompt response will enable us to complete this assessment efficiently. Please submit the necessary information by [Insert Deadline]. Should you have any questions, feel free to contact us at [Your Contact Information].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Company]

[Your Contact Information]