

# Supplier Consolidation Risk Evaluation

Date: [Insert Date]

To: [Supplier Name]  
[Supplier Address]  
[City, State, Zip Code]

Dear [Supplier Contact Name],

Subject: Supplier Consolidation Risk Evaluation

As part of our ongoing efforts to assess and mitigate risks associated with supplier consolidation, we are conducting a thorough evaluation of your organization due to our recent discussions regarding consolidating supplier capabilities.

## Evaluation Goals:

- Identify potential risks in consolidating suppliers.
- Assess the financial stability of your organization.
- Evaluate the capacity and capability of your services/products.

## Requested Information:

We kindly request the following information to facilitate our evaluation:

- Recent financial statements (last two fiscal years).
- Details on supply chain capabilities.
- List of current clients and sectors served.
- Information on any recent mergers or acquisitions.
- Risk management strategies currently employed.

Please provide the requested information by [Insert Deadline]. If you have any questions or require further clarification, feel free to reach out to me directly.

We appreciate your collaboration and look forward to a successful evaluation process.

Thank you,

[Your Name]  
[Your Position]  
[Your Company]  
[Your Contact Information]