

[Date]

[Vendor Name]

[Vendor Address]

[City, State, Zip Code]

Subject: Verification of Cybersecurity Risk Management Compliance

Dear [Contact Name or Department],

As part of our ongoing commitment to data security and regulatory compliance, [Your Company Name] requires all third-party vendors to verify their cybersecurity risk management practices. This ensures the protection of our shared data and the integrity of our integrated systems.

Please provide the following documentation or confirmation regarding your current security posture:

- A summary of your current Cybersecurity Policy.
- Proof of recent independent security audits (e.g., SOC 2 Type II, ISO 27001).
- Confirmation of active vulnerability management and patch cycles.
- Evidence of employee security awareness training.
- An overview of your Incident Response Plan.

Please complete the attached security questionnaire and return it along with the requested documentation by [Due Date].

If there have been any significant data breaches or security incidents affecting your organization in the last 12 months, please disclose them as part of this verification process.

We appreciate your cooperation in maintaining a secure business environment. If you have any questions, please contact [Your Name/Department] at [Phone Number/Email Address].

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Job Title]

[Your Company Name]