

[Your Company Name]
[Your Address]
[City, State, Zip Code]
[Date]

[Provider Name]
[Provider Address]
[City, State, Zip Code]

Subject: Financial Service Provider Due Diligence Questionnaire

Dear [Contact Name or Compliance Department],

In accordance with our internal risk management policies and regulatory requirements, [Your Company Name] is conducting a periodic due diligence review of our financial service providers.

As an active service provider to our organization, we kindly request that you complete the attached Due Diligence Questionnaire. This assessment covers key areas including:

- Corporate Governance and Ownership
- Financial Stability and Audited Statements
- Regulatory Compliance and Licensing
- Anti-Money Laundering (AML) and Know Your Customer (KYC) Policies
- Data Security and Privacy Protocols
- Operational Continuity Plans

Please return the completed questionnaire along with any requested supporting documentation by [Due Date].

All information provided will be treated with strict confidentiality and used solely for the purpose of our compliance assessment.

If you have any questions regarding this request, please contact [Name/Department] at [Email/Phone Number].

Thank you for your cooperation and your continued partnership.

Sincerely,

[Your Name]
[Your Title]
[Your Company Name]