

[Date]

[Vendor Name]

[Vendor Address]

[City, State, Zip Code]

Subject: Annual Vendor Compliance Verification - [Year]

Dear [Vendor Contact Name],

As part of our annual quality assurance and risk management process, [Your Company Name] requires all active vendors to verify their compliance with our corporate policies and regulatory requirements.

To maintain your status as an approved vendor, please review and confirm your adherence to the following:

- Updated Business Licenses and Permits
- Certificate of Insurance (COI) with current coverage limits
- Adherence to our Code of Conduct and Ethics Policy
- Compliance with Data Privacy and Security Standards
- Verification of Tax Documentation (Form W-9 or equivalent)

Please provide the requested documentation or sign the attached certification form by [Deadline Date]. Failure to return these documents may result in a delay of payments or the suspension of our purchasing agreement.

If there have been any significant changes to your business structure or primary contact information in the last year, please include those details with your response.

Thank you for your continued partnership and cooperation in this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Email Address]