

**REQUEST FOR DE-LISTING FROM THE CONSOLIDATED LIST  
MAINTAINED BY THE SECURITY COUNCIL COMMITTEE  
ESTABLISHED PURSUANT TO RESOLUTION 1267 (1999)  
CONCERNING AL-QAIDA AND THE TALIBAN AND  
ASSOCIATED INDIVIDUALS AND ENTITIES**

*The use of this form is optional. If you choose to do so, print this form and complete as much information as possible (boxes with \* are required)*

- ***If you are a petitioner (individual(s), groups, undertakings and/or entities on the Consolidated List) submitting a request for de-listing:***

*Please send the form to the Focal Point for De-listing:*

- *by mail:*     Focal Point for De-listing  
                  Security Council Subsidiary Organs Branch (Room S-3055-E)  
                  United Nations - New York, N.Y. 10017 - USA
- *by fax:*       +1 212 963 1300/3778
- *by email:*    delisting@un.org

- ***If you are a representative of a Member State submitting a request for de-listing on behalf of a listed petitioner:***

*Please send the form to the Secretariat of the Committee:*

- *by mail:*     1267 Committee Secretariat  
                  Security Council Subsidiary Organs Branch (Room S-3055-G)  
                  United Nations - New York, N.Y. 10017 - USA
- *by fax:*       +1 212 963 1300/3778
- *by email:*    SC-1267-Committee@un.org

***The use of this form by no means prejudices the decision of the Committee.***

Please complete as many of the following fields as possible  
(boxes with \* are required):

<b>I. IDENTIFIER INFORMATION — for Individuals</b>						
Where possible, note the nationality or cultural or ethnic sources of names/aliases. Provide all available spellings.	Surname/ Family Name/ Last Name	First Name	Additional name (e.g. father's name or middle name), where applicable	Additional name (e.g. grandfather's name), where applicable	Additional name, where applicable	Additional name, where applicable
<b>Full Name:</b> (in original and Latin script)	*	*				
<b>Name as inscribed on the Consolidated List:</b> (if different than full name)	*		<b>Permanent reference number:</b> (as found on the Consolidated List)		*	
<b>Other nom de guerre, pseudonym:</b>			<b>Title:</b> Honorary, professional, or religious title			
<b>Employment/Occupation:</b> Official title/position			<b>Nationality/Citizenship:</b>		*	
<b>Date of Birth:</b> (DD/MM/YYYY)	*		<b>Passport Details:</b> (Number, issuing date & country, expiry date)			
<b>Place of Birth:</b>			<b>National Identification Number(s), Type(s):</b> (e.g. Identity card, Social Security)			
<b>Address(es):</b>	*		<b>Previous Address(es):</b>			
<b>Gender:</b>			<b>Languages spoken:</b>			
<b>Father's full name:</b>			<b>Mother's full name:</b>			
<b>State of Residence:</b>	*		<b>Previous location(s):</b>			
<b>Undertakings and entities owned or controlled, directly or indirectly by the individual (cf. UNSCR 1617 (2005), § 3):</b>						
<b>Website Addresses:</b>						
<b>Please indicate if the individual is deceased</b>	* Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a death certificate or similar official document confirming the death.					
<b>Other relevant detail:</b>						

<b>I. IDENTIFIER INFORMATION — For Groups, Undertakings, or Entities</b>			
<b>Name:</b>	*		
<b>Also Known As (A.K.A.s):</b> Where possible, note whether it is a strong or weak A.K.A.	<b>Now Known As (N.K.A.s)</b>		
	<b>Formerly Known As (F.K.A.s)</b>		
<b>Name as inscribed on the Consolidated List:</b> (if different than full name)	*	<b>Permanent reference number:</b> (as found on the Consolidated List)	*
<b>Address(es):</b> Headquarters and/or branches	*		
<b>Tax Identification Number:</b> (or local equivalent, type)			
<b>Other Identification Number and type:</b>			
<b>Website Addresses:</b>			
<b>Other Information :</b>			

<b>II. FROZEN FUNDS AND OTHER FINANCIAL ASSETS</b>			
Type of Asset	Account Holder Identifiers (Name, Address)	Asset Identifiers (Account Number, ...)	Financial Institution (Name, Address and Contact Information)
<b>For a deceased individual</b>	* <input type="checkbox"/> This is to ascertain that neither any legal beneficiary of the deceased's estate, nor any joint owner of his/her assets, is on the Consolidated List.		

<b>III. PREVIOUS DELISTING REQUESTS</b>	
<b>For a <u>petitioner</u>:</b> Did you previously file a delisting request(s) pertaining to this Consolidated List entry, either through your Government or through the Focal Point? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please elaborate:	
<b>For a representative of a <u>Member State</u>:</b> Did your Government previously file a delisting request(s) pertaining to this Consolidated List entry? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please elaborate:	

**IV. JUSTIFICATION**

**Please describe the basis for the delisting request below, including by explaining why the petitioner no longer meets the criteria described in paragraph 2 of resolution 1617 (2005). Please make reference to and/or attach any additional documentation that supports this request and explain, where appropriate, the relevance of such documentation.**

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**For a petitioner submitting this request through the Focal Point:**

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I, \_\_\_\_\_, currently inscribed on the Consolidated List of the Al-Qaida and Taliban Sanctions Committee, hereby submit a delisting request.

For a deceased individual: I, \_\_\_\_\_, hereby submit a request for de-listing for \_\_\_\_\_ currently inscribed on the Consolidated List of the Al-Qaida and Taliban Sanctions Committee.

\_\_\_\_\_  
(date and signature)

**For a representative of a Member State submitting this request on behalf of a listed petitioner:**

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A request for de-listing of \_\_\_\_\_, currently inscribed on the Consolidated List of the Al-Qaida and Taliban Sanctions Committee, is hereby submitted to the Committee.

\_\_\_\_\_  
(date and signature/official seal)