



THE AL-QAIDA/TALIBAN SANCTIONS COMMITTEE

Voluntary National Assessment of Implementation Survey

In order better to address the needs and concerns of Member States in their implementation of the assets freeze, travel ban and arms embargo sanctions measures imposed by the United Nations Security Council with respect to Al-Qaida, Usama bin Laden, and the Taliban and other individuals, groups, undertakings and entities associated with them, the Committee welcomes any information that may be provided by your Government.

Name of Member State:

Please answer each question as fully as possible, unless to do so would compromise investigation or enforcement action, or national legal requirements prevent it. Please return this form to the Chairman of the Committee through the Secretariat by email at: SC-1267-Committee@un.org or fax at: (1) 212 963 1300. If you have any questions, you may contact the Monitoring Team at: 1267mt@un.org.

Please use the Cover Sheet to submit any additional identifying information (for example, a.k.a., DoB, PoB, Nationality, or Address) for any listed individual or entity on the Consolidated List. The cover sheet can be found at: www.un.org/sc/committees/1267/pdf/coversheet.pdf.

Consolidated List

1. The latest version of the Consolidated List of individuals and entities to whom the Al-Qaida/Taliban sanctions measures apply can be found at: www.un.org/sc/committees/1267/consolist.shtml.

Press releases detailing the latest updates to the List can be found at: www.un.org/sc/committees/1267/pressreleases.shtml.

Please indicate if the latest version of the Consolidated List has been:

- | | | |
|------|--|-----------|
| i. | received by the relevant authorities in capital | Yes or No |
| ii. | circulated to the Central Bank and all other banks within the State | Yes or No |
| iii. | circulated to non-banking financial institutions, for example, pension, insurance and financial leasing companies, foreign exchange bureaux, securities firms and credit unions, as well as to non-profit organisations. | Yes or No |

If the answer is Yes to non-profit organisations, please indicate to which organisation(s): _____

- | | | |
|-----|--|-----------|
| iv. | circulated to the State’s embassies, consulates, customs and border agents and all ports of entry | Yes or No |
| v. | added to the State’s visa lookout list, national watch list, national stop list, or similar registry or database | Yes or No |
| vi. | circulated to officials responsible for enforcing the embargo on arms | Yes or No |

2. If your State is experiencing any difficulty or delay in receiving, circulating or using the List as above, please comment below

Legal Framework

- | | | |
|----|--|-----------|
| 1. | Have any new measures been put into place, including legislative measures, which have helped to improve national implementation of the sanctions regime. | Yes or No |
| 2. | Have there been, in your State, any legal challenges to the sanctions regime or court judgements which are relevant to the issue of its implementation. | Yes or No |
| 3. | If the answer is Yes to either of the above, please provide details. | |

Assets Freeze

- | | | |
|------|---|-----------|
| 1. | Regarding the implementation of the assets freeze measure as it pertains to the funds and other financial assets or economic resources of any of the individuals and entities on the Consolidated List: | |
| i. | have any such assets been located within the State | Yes or No |
| ii. | have any assets been used for the provision of Internet hosting or related services to or for the benefit of any listed individual or entity | Yes or No |
| iii. | have all located assets been frozen | Yes or No |
| 2. | If the answer is Yes to any of the above, please also indicate: | |

- i. Name of the listed individual or entity: _____
 - ii. UN Consolidated List Permanent Reference Number: _____
 - iii. Type, estimated value and location of the assets _____
3. If you have previously provided information that assets have been frozen regarding individuals and entities on the Consolidated List, please provide an updated report on:
- i. the type and location of the assets _____
 - ii. the estimated value of the assets _____
4. If your State is experiencing any difficulty in implementing the assets freeze measure, please indicate your areas of difficulty/concern or comment below.
- _____
- _____
- _____

Travel Ban

1. Have any of the individuals on the Consolidated List:
- i. been located within your State, whether present legally or illegally Yes or No
 - ii. attempted to enter or transit through your State’s territory or been stopped at any of your borders or other ports of entry Yes or No
 - iii. been arrested, prosecuted, extradited or expelled by your State Yes or No
 - iv. been released from prison or detention by your State Yes or No
2. Has your State ever:
- i. denied any visa application or travel document application from any of the individuals on the Consolidated List Yes or No
 - ii. issued any travel document to any of the individuals on the Consolidated List Yes or No

3. If the answer to any of the above is Yes, please also indicate:
- i. Name of the listed individual: _____
 - ii. UN Consolidated List Permanent Reference Number: _____
 - iii. Other details, including address and other location information, if known:

 - iv. If any travel document was issued, please indicate the travel document number and date of issue: _____

4. If your State is experiencing any difficulty in implementing the travel ban measure, please indicate your areas of difficulty/concern or comment below.
- _____
- _____
- _____

Arms Embargo

1. Have any of the individuals or entities on the Consolidated List:
- i. been linked to any arms or explosives seized by your State Yes or No
 - ii. attempted to obtain arms and related materials of all types including weapons and ammunition, military vehicles and equipment, paramilitary equipment, and spare parts for the aforementioned Yes or No
 - iii. attempted to obtain technical advice, assistance, or training related to military activities from your State territory or from any of your nationals, wherever these nationals may be Yes or No

2. If the answer to any of the above is Yes, please indicate:
- i. Name of the listed individual or entity: _____
 - ii. UN Consolidated List Permanent Reference Number: _____
 - iii. Any other details, if available:

3. Have any measures been put into place, including legislative measures:
- i. to implement the arms embargo against the individuals and entities on the Consolidated List Yes or No
 - ii. to prevent the use of your State's flag vessels and aircraft or by your nationals outside your territories to provide arms and related material of all types including weapons and ammunition, military vehicles and equipment, paramilitary equipment, and spare parts for the aforementioned and technical advice, assistance, or training related to military activities to any of the individuals and entities on the Consolidated List Yes or No

4. If the answer to either of the above is Yes, please provide details:

5. If your State is experiencing any difficulty in implementing the arms embargo measure, please indicate your areas of difficulty/concern or comment below.

Please provide additional information, if available, to any of the questions in the sections above.

Name, address, telephone number and
 E-mail of official contact point _____

Date of submission: _____
