

STANDARD FORM FOR LISTING OF ENTITIES AND UNDERTAKINGS ON THE ISIL (DA'ESH) AND AL-QAIDA SANCTIONS LIST

Member States are requested to provide the following information to allow for the accurate and positive identification of the entity/undertaking. (For an entity that is a group, such as a terrorist group, please use the “Standard Form for Listing of Groups on the ISIL (Da’esh) and Al-Qaida Sanctions List”). Please leave blank any fields for which information is not available. For additional information or assistance in completing the form, please contact the Analytical Support and Sanctions Monitoring Team at: email: 1267MT@un.org, telephone: 917-367-2315.

I.A. KEY IDENTIFYING INFORMATION	
Full name (this is the main name under which the entity/undertaking will be listed)	(in Latin script)
	Original script (if not Latin) Indicate script (for example, Arabic, Chinese, Russian):
	Other scripts (if applicable):
Acronym (if applicable)	(in Latin script)
	Original script (if not Latin): Indicate script (for example, Arabic, Chinese, Russian):
	Other scripts (indicate scripts, for example, Arabic, Chinese, Russian):
Type of entity/undertaking	1. Company, partnership or other business entity <input type="checkbox"/>
	2. Not-for-profit organization or nongovernmental organization <input type="checkbox"/>
	3. Trust, Foundation, Fund or charity undertaking <input type="checkbox"/>
	4. Other <input type="checkbox"/> Describe:
Registration information	Registration number
	Registration authority
	Registered business/trade name
	Registered principal address
Licenses/certificates	Type of license
	License number
	Issuing Authority
	Issuing date and expiry date
Establishment	Place (street, city, state/province, country):
	Day: Month: Year: Calendar:
Operational areas	Place (street, city, state/province, country):
	Time frame (Month/Year —Month/Year): Calendar:
	Place (street, city, state/province, country):
	Time frame (Month/Year —Month/Year): Calendar:
	Place (street, city, state/province, country):
	Time frame (Month/Year —Month/Year): Calendar:
Addresses (if applicable)	Current (street, city, state/province, country):
	Dates:
	Previous (street, city, state/province, country):
	Dates:
I.B. ALIASES/AKAS/FKAS	
Please leave blank any fields for which information in not available.	
Also-Known-As (AKA) (including Formerly-Known-As (FKA) names)	(in Latin script)
	Original script (if not Latin) Indicate script (for example, Arabic, Chinese, Russian):
	Other scripts (if applicable):
Type of AKA	<input type="checkbox"/> Name variation <input type="checkbox"/> Spelling variation <input type="checkbox"/> Formerly-Known-As (FKA) <input type="checkbox"/> Other, explain:
Acronym (if applicable)	(in Latin script):
	Original script (if not Latin): Indicate script (for example, Arabic, Chinese, Russian):
	Other scripts (if applicable):
Other information relevant to this AKA	

Also-Known-As (AKA) (including Formerly-Known-As (FKA) names)	(in Latin script)
	Original script (if not Latin) Indicate script (for example, Arabic, Chinese, Russian):
	Other scripts (if applicable):
Type of AKA	<input type="checkbox"/> Name variation <input type="checkbox"/> Spelling variation <input type="checkbox"/> Formerly-Known-As (FKA) <input type="checkbox"/> Other, explain:
Acronym (if applicable)	(in Latin script):
	Original script (if not Latin): Indicate script (for example, Arabic, Chinese, Russian):
	Other scripts (if applicable):
Other information relevant to this AKA	

Also-Known-As (AKA) (including Formerly-Known-As (FKA) names)	(in Latin script)
	Original script (if not Latin) Indicate script (for example, Arabic, Chinese, Russian):
	Other scripts (if applicable):
Type of AKA	<input type="checkbox"/> Name variation <input type="checkbox"/> Spelling variation <input type="checkbox"/> Formerly-Known-As (FKA) <input type="checkbox"/> Other, explain:
Acronym (if applicable)	(in Latin script):
	Original script (if not Latin): Indicate script (for example, Arabic, Chinese, Russian):
	Other scripts (if applicable):
Other information relevant to this AKA	

I.C. Owners, directors, managers and officers
Please leave blank any fields for which information is not available.

Owners, directors, managers and officers	
PRN	(Permanent Reference Number if listed)
Full name	(in Latin script)
	Original script (if not Latin) Indicate script (for example, Arabic, Chinese, Russian):
	Other scripts (if applicable):
Birth data	Place (street, city, state/province, country): Day: Month: Year: Calendar:
Nationality, citizenship (current and past, add dates when granted, revoked, annulled, withdrawn, if known)	
States of residence	
Address or location (current and past)	Place (street, city, state/province, country) and date (day, month, year, calendar):
Identity and travel document	(describe nationality, type, issued by, issued at, issue date, issued to, place and date of birth as documented)
Physical description	(male/female, tribal/ethnic background, other details)
AKAs	(include alias in original/other scripts (describe), type of AKAs (good or low quality), birth data and nationality under each AKAs, any additional information)
Any other relevant information	

Owners, directors, managers and officers	
PRN	(Permanent Reference Number if listed)
Full name	(in Latin script)
	Original script (if not Latin) Indicate script (for example, Arabic, Chinese, Russian):
	Other scripts (if applicable):
Birth data	Place (street, city, state/province, country): Day: Month: Year: Calendar:
Nationality, citizenship (current and past, add dates)	

when granted, revoked, annulled, withdrawn, if known)	
States of residence	
Address or location (current and past)	Place (street, city, state/province, country) and date (day, month, year, calendar):
Identity and travel document	(describe nationality, type, issued by, issued at, issue date, issued to, place and date of birth as documented)
Physical description	(male/female, tribal/ethnic background, other details)
AKAs	(include alias in original/other scripts (describe), type of AKAs (good or low quality), birth data and nationality under each AKAs, any additional information)
Any other relevant information	

Owners, directors, managers and officers	
PRN	(Permanent Reference Number if listed)
Full name	(in Latin script)
	Original script (if not Latin) Indicate script (for example, Arabic, Chinese, Russian):
	Other scripts (if applicable):
Birth data	Place (street, city, state/province, country): Day: Month: Year: Calendar:
Nationality, citizenship (current and past, add dates when granted, revoked, annulled, withdrawn, if known)	
States of residence	
Address or location (current and past)	Place (street, city, state/province, country) and date (day, month, year, calendar):
Identity and travel document	(describe nationality, type, issued by, issued at, issue date, issued to, place and date of birth as documented)
Physical description	(male/female, tribal/ethnic background, other details)
AKAs	(include alias in original/other scripts (describe), type of AKAs (good or low quality), birth data and nationality under each AKAs, any additional information)
Any other relevant information	

I.D. Organizational linkages, associated and affiliated groups, entities and undertakings
Please describe all branches, subsidiaries, parent organization and/or sister branches. Please leave blank any fields for which information is not available.

Associated and affiliated groups, entities, undertakings	
PRN	(Permanent Reference Number if listed)
Full name	(in Latin script)
	Original script (if not Latin) Indicate script (for example, Arabic, Chinese, Russian):
	Other scripts (if applicable):
Establishment data (multiple, if applicable)	Place (street, city, state/province, country) and date (day, month, year, calendar):
Type, activities	(Current and past, dates)
Address or location (current and past)	Place (street, city, state/province, country) and date (day, month, year, calendar):
Registration and other numbers	(describe nationality, type, issued by, issued at, issue date, issued to, comments)
Financial information	(known assets, major funding sources)
AKAs	(include AKAs in original/other scripts (describe), type of AKAs, any additional information)
Any other relevant information	

Associated and affiliated groups, entities, undertakings	
PRN	(Permanent Reference Number if listed)
Full name	(in Latin script)

	Original script (if not Latin) Indicate script (for example, Arabic, Chinese, Russian):
	Other scripts (if applicable):
Establishment data (multiple, if applicable)	Place (street, city, state/province, country) and date (day, month, year, calendar):
Type, activities	(Current and past, dates)
Address or location (current and past)	Place (street, city, state/province, country) and date (day, month, year, calendar):
Registration and other numbers	(describe nationality, type, issued by, issued at, issue date, issued to, comments)
Financial information	(known assets, major funding sources)
AKAs	(include AKAs in original/other scripts (describe), type of AKAs, any additional information)
Any other relevant information	

Associated and affiliated groups, entities, undertakings	
PRN	(Permanent Reference Number if listed)
Full name	(in Latin script)
	Original script (if not Latin) Indicate script (for example, Arabic, Chinese, Russian):
	Other scripts (if applicable):
Establishment data (multiple, if applicable)	Place (street, city, state/province, country) and date (day, month, year, calendar):
Type, activities	(Current and past, dates)
Address or location (current and past)	Place (street, city, state/province, country) and date (day, month, year, calendar):
Registration and other numbers	(describe nationality, type, issued by, issued at, issue date, issued to, comments)
Financial information	(known assets, major funding sources)
AKAs	(include AKAs in original/other scripts (describe), type of AKAs, any additional information)
Any other relevant information	

I.E. OTHER INFORMATION	
Status	In business/operation <input type="checkbox"/>
	Bankrupted or insolvent <input type="checkbox"/>
	Dissolved or ended <input type="checkbox"/>
	Other <input type="checkbox"/> Describe:
Existing INTERPOL Notices	Yes <input type="checkbox"/> No <input type="checkbox"/>Not Known <input type="checkbox"/> If yes, please explain:
Website address	

I.F. FINANCIAL INFORMATION			
Known assets	Funds	Value	
		Bank account	
		Bank ID	
	Stocks, bonds and other financial assets	Value	
		Category and term	
		Regulators	
	Property	Value	
		Address	
		Registration number	

I.F. FINANCIAL INFORMATION

		Registration Authority	
	Other assets and economic resources	Value	
		Category	
Major funding sources	Donations <input type="checkbox"/>		
	Proceeds of crimes <input type="checkbox"/>		
	Others, <input type="checkbox"/> please explain:		

I.G. OTHER INFORMATION NOT SPECIFIED ABOVE

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II. BASIS FOR LISTING

Member States are requested to indicate in one or more of the fields below the association between the entity/undertaking inscribed in section I of this form and ISIL or Al-Qaida (including on the ISIL (Da'esh) and Al-Qaida Sanctions List). Please include the permanent reference number(s) of those names which the entity/undertaking is associated with that already appear on the ISIL (Da'esh) and Al-Qaida Sanctions List. In the event of the designation of this entity/undertaking by the Committee, the information provided will be used for the development of the narrative summary of reasons for listing to be published on the Committee's website.

(a) Participating in the financing, planning, facilitating, preparing, or perpetrating of acts or activities by, in conjunction with, under the name of, on behalf of, or in support of Al-Qaida, ISIL, or any cell, affiliate, splinter group or derivate thereof;

• Name(s) and permanent reference number(s) on the ISIL (Da'esh) and Al-Qaida Sanctions List (if applicable):

(b) Supplying, selling or transferring arms and related materiel to Al-Qaida, ISIL, or any cell, affiliate, splinter group or derivate thereof;

• Name(s) and permanent reference number(s) on the ISIL (Da'esh) and Al-Qaida Sanctions List (if applicable):

(c) Recruiting for Al-Qaida, ISIL, or any cell, affiliate, splinter group or derivate thereof;

• Name(s) and permanent reference number(s) on the ISIL (Da'esh) and Al-Qaida Sanctions List (if applicable):

(d) otherwise supporting acts or activities of Al-Qaida, ISIL, or any cell, affiliate, splinter group or derivate thereof;

• Name(s) and permanent reference number(s) on the ISIL (Da'esh) and Al-Qaida Sanctions List (if applicable):

(e) either owned or controlled, directly or indirectly, by, or otherwise supporting, any individual, group, undertaking or entity associated with Al-Qaida or ISIL, including on the ISIL (Da'esh) and Al-Qaida Sanctions List

• Name and permanent reference number(s) on the ISIL (Da'esh) and Al-Qaida Sanctions List (if applicable):

(f) Other acts or activities indicating association with Al-Qaida, ISIL, or any cell, affiliate, splinter group or derivative thereof.

• Name and permanent reference number(s) on the ISIL (Da'esh) and Al-Qaida Sanctions List (if applicable):

• Nature of such acts or activities:

III. STATEMENT OF CASE

The statement of case shall be releasable, upon request, except for the parts a Member State identifies as being confidential to the Committee, and may be used to develop the narrative summary of reasons for listing.

III.A. STATEMENT OF CASE (RELEASABLE UPON REQUEST)

The statement of case should provide as much detail as possible on the basis(es) for listing, including: (i) specific information supporting a determination that the entity/undertaking meets the criteria above; (ii) the nature of the information, for example, intelligence, law enforcement, judicial, media, and admissions by subject; and (iii) additional information or documents provided with the submission. States should include details of any connection between the entity/undertaking proposed for listing and any currently listed individual or entity.

III.B. PARTS OF STATEMENT OF CASE IDENTIFIED AS BEING CONFIDENTIAL TO THE COMMITTEE

IV. IDENTITY OF DESIGNATING STATE.

Pursuant to paragraph 46 of resolution 2253 (2015), Member States proposing a new listing shall specify if the Committee or the Ombudsperson may not make known the Member State’s status as a designating State.

Specify if the Committee or the Ombudsperson:

- May make known the Member State’s status as a designating State
- May not make known the Member State’s status as a designating State

V. INTERPOL COOPERATION

Pursuant to paragraph 45 of resolution 2253 (2015), Member States shall provide the Committee with as much relevant information as possible on the proposed name, in particular sufficient identifying information to allow for the accurate and positive identification of individuals, groups, undertakings and entities, and to the extent possible, the information required by INTERPOL to issue a INTERPOL-United Nations Security Council Special Notice.

INTERPOL may for implementation purposes wish to contact the relevant authorities in your country, with a view to obtaining additional information on the entity/undertaking proposed for designation herewith. For this purpose, please indicate below if the Committee may inform INTERPOL, upon INTERPOL’s request, that your country is a **designating State** of the above-mentioned entity/undertaking (INTERPOL would then contact your country’s permanent mission to the United Nations in New York with the relevant inquiries).

- Yes
- No

In addition, please indicate below if the Committee may convey to INTERPOL, upon INTERPOL’s request, the details of the point of contact below within your Government (INTERPOL may then contact directly the contact point below with the relevant inquiries).

- Yes
- No

VI. POINT OF CONTACT

The individual(s) below may serve as a point-of-contact for further questions on this submission:
(THIS INFORMATION SHALL REMAIN CONFIDENTIAL)

<i>Name:</i>	<i>Position/Title:</i>
<i>Contact details:</i>	
<i>Office:</i>	
<i>Address:</i>	
<i>Telephone number:</i>	
<i>Fax number:</i>	
<i>E-mail address:</i>	