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| **Delisting Request Form** | | | |
| * This form is intended to assist **Member States other than Afghanistan** in making requests for delisting of individuals and entities inscribed on the 1988 Sanctions List. * The completed form should be emailed from an official email address of your Permanent Mission to the United Nations in New York to the Secretariat of the Committee ([SC-1988-Committee@un.org](mailto:SC-1988-Committee@un.org)) with a copy to the Analytical Support and Sanctions Monitoring Team ([1988mt@un.org](mailto:1988mt@un.org)). Incomplete requests will result in a delay in consideration by the Committee. * Should your Government have any questions or need any assistance regarding requests for delisting, please contact the Monitoring Team ([1988mt@un.org](mailto:1988mt@un.org)) and the Secretariat ([SC-1988-Committee@un.org](mailto:SC-1988-Committee@un.org)). | | | |
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| **Date of Submission:** | | | Click or tap to enter a date. |
| **1. Information about the Listed Individual or Entity:** | | | |
| a) Permanent reference number: | Click or tap here to enter text. | | |
| b) Name: | Click or tap here to enter text. | | |
| c) State(s) of Residence/Incorporation: | ☐ Afghanistan  ☐ Other (Please Specify: Click here to enter text.)  ☐ No known State of Residence/Incorporation | | |
| d) State(s) of Nationality: *(For individuals only*) | ☐ Afghanistan  ☐ Other (Please Specify: Click here to enter text.)  ☐ No known State of Nationality | | |
| For **a) to d)**,you can find relevant information in the 1988 Sanctions List, available online at <https://www.un.org/sc/suborg/en/sanctions/1988/materials> | | | |
| e) Reason for listing: (multiple may apply) | ☐ 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 the Taliban in constituting a threat to the peace, stability and security of Afghanistan  ☐ Supplying, selling or transferring arms and related materiel to the Taliban in constituting a threat to the peace, stability and security of Afghanistan  ☐ Recruiting for the Taliban in constituting a threat to the peace, stability and security of Afghanistan  ☐ Otherwise supporting acts or activities of, those designated and other individuals, groups, undertakings and entities associated with the Taliban in constituting a threat to the peace, stability and security of Afghanistan  ☐ Undertaking or entity owned or controlled, directly or indirectly by, or otherwise supporting, those designated and other individuals, groups, undertakings and entities associated with the Taliban in constituting a threat to the peace, stability and security of Afghanistan. | | |
| For **e)**,you can find the reason for listing in the Narrative Summary of Reasons for the Listing, available online at <https://www.un.org/sc/suborg/en/sanctions/1988/materials/summaries> | | | |
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| **2. Information about the Requesting State** | | | |
| a) Please provide a contact person in the Permanent Mission in New York: | | | |
| Name: | | Click or tap here to enter text. | |
| Phone number: | | Click or tap here to enter text. | |
| Email address: | | Click or tap here to enter text. | |
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| **3. Prior consultations with the Government of Afghanistan** | | | |
| a) Has your Government bilaterally consulted with the national contact point\* of the Government of Afghanistan on the delisting request? | | | ☐ YES ☐ NO  If Yes, when? Click or tap to enter a date. |
| \* National Contact Point of the Government of the Islamic Republic of Afghanistan Office of the National Security Council nationalcontactpoint@nsc.gov.af | | | |
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| b) If **Yes** to **a)**, please provide comments if you feel it appropriate: | | | |
| Click or tap here to enter text. | | | |
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| **4. Prior consultations with the Designating States** | | | |
| a) Has your Government bilaterally consulted with the Designating State(s)? | | ☐ YES ☐ NO  ☐ Designating State(s) is/are unknown. | |
| b) If **Yes** to **a)**, please provide the contact person in the Permanent Mission in New York: | | | |
| Country name: | | Click or tap here to enter text. | |
| Name: | | Click or tap here to enter text. | |
| Phone number: | | Click or tap here to enter text. | |
| Email address: | | Click or tap here to enter text. | |
| \* If there are more than two designating States, please provide the same information below. | | | |
| Click or tap here to enter text. | | | |
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| **5. Prior consultations with the State of Residence/Incorporation** | | | |
| a) Has your Government bilaterally consulted with the State(s) of Residence or Incorporation? | | ☐ YES ☐ NO  ☐ State of Residence/Incorporation is unknown  ☐ Afghanistan is the State of Residence/Incorporation  ☐ My Government is the State of Residence/Incorporation | |
| b) If **Yes** to **a)**, please provide the contact person in the Permanent Mission in New York: | | | |
| Country name: | | Click or tap here to enter text. | |
| Name: | | Click or tap here to enter text. | |
| Phone number: | | Click or tap here to enter text. | |
| Email address: | | Click or tap here to enter text. | |
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| **6. Prior consultations with the State of Nationality (for an individual only)** | | | |
| a) Has your Government bilaterally consulted with the State(s) of Nationality? | | ☐ YES ☐ NO  ☐ State of Nationality is unknown  ☐ The State of Residence is also the State of Nationality  ☐ Afghanistan is the State of Nationality  ☐ My Government is the State of Nationality | |
| b) If **Yes** to **a)**, please provide the contact person in the Permanent Mission in New York: | | | |
| Country name: | | Click or tap here to enter text. | |
| Name: | | Click or tap here to enter text. | |
| Phone number: | | Click or tap here to enter text. | |
| Email address: | | Click or tap here to enter text. | |
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| **Reason for delisting:** | | * An individual or entity **no longer meets the listing criteria** (Please complete **Sections 7** and **9** below) * a **deceased** individual or **defunct** entity (Please complete **Sections 8** and **9** below) | | | |
| **7. Request delisting those who no longer meet the listing criteria** (Please **attach copy** of all official supporting documentation) | | | | | |
| a) Is there any of the following official communications available from the Government of Afghanistan supporting the delisting request? (Please **attach copy**) | | | | ☐ Confirmation by the High Peace Council on the reconciled status of the individual according to the reconciliation guidelines  ☐ Documentation attesting to the individual’s reconciliation under the Strengthening Peace Programme  ☐ Confirmation that the individual is not an active supporter of, or participant in, acts that threaten the peace, stability and security of Afghanistan  ☐ None of the above | |
| b) Please explain why the listed individual or entity no longer meets the listing criteria: | | | | | |
| Click or tap here to enter text. | | | | | |
| c) Current activities of the listed individual or entity: (including his/her occupation in case of the individual) | | | | | |
| Click or tap here to enter text. | | | | | |
| d) Current address of the listed individual or entity: | | | | | |
| Click or tap here to enter text. | | | | | |
| e) Contact information of the listed individual or entity: | | | | | |
| Click or tap here to enter text. | | | | | |
| f) Any other relevant information: | | | | | |
| Click or tap here to enter text. | | | | | |
| g) Please list **any other official documents than the ones listed in a)** that can support the desilting request (**Please attach**): | | | | | |
|  | **Title of document** | | | | **Relevance to the request** |
| **1** | Click or tap here to enter text. | | | | Click or tap here to enter text. |
| **2** | Click or tap here to enter text. | | | | Click or tap here to enter text. |
| **3** | Click or tap here to enter text. | | | | Click or tap here to enter text. |
| **4** | Click or tap here to enter text. | | | | Click or tap here to enter text. |
| **5** | Click or tap here to enter text. | | | | Click or tap here to enter text. |
| \* Please add as many rows as necessary. | | | | | |
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| **8. Request delisting a Deceased Individual or a Defunct Entity** (Please **attach copy** of all official supporting documentation) | | | | | |
| a) Type of Official Certification: | | | ☐ Death Certificate ☐ Certificate of Dissolution  ☐ Other (Please Specify: Click or tap here to enter text.) | | |
| b) Date of Issuance: | | | Click or tap to enter a date. | | |
| c) Issuing Authority: | | | Click or tap here to enter text. | | |
| ***For a Deceased Individual:*** | | | | | |
| d) Date of Death: | | | Click or tap to enter a date.  Is this an estimated date? ☐ YES ☐ NO | | |
| e) Place of Death: | | | Click or tap here to enter text. | | |
| f) Circumstances of Death: | | | Click or tap here to enter text. | | |
| ***For a Defunct Entity:*** | | | | | |
| g) Date of Dissolution: | | | Click or tap to enter a date. | | |
| h) Circumstances of Dissolution: | | | Click or tap here to enter text. | | |
| i) Other relevant information: | | | Click or tap here to enter text. | | |
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| **9. Information about the assets\* to be unfrozen** | | | | | |
| a) Please provide the financial status of the listed individual or entity: | | | | | |
| Click or tap here to enter text. | | | | | |
| b) Are there **any assets to be unfrozen** or otherwise made available within the jurisdiction or control of your Government? | | | | ☐ YES ☐ NO | |
| c) If **Yes** to **b)**, please list **all those** **who will receive** those assets to be unfrozen or otherwise made available: | | | | | |
| Click or tap here to enter text. | | | | | |
| \* For the purposes of this form, “assets” shall mean any funds, other financial assets and economic resources. | | | | | |
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