STANDARD FORM FOR LISTING OF GROUPS 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 group. 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

r un name	(III Latin script)					
(this is the main	Original script (if not Latin):					
name under	Indicate script (for example, Arabic, Chinese, Russian):					
which the group will be listed)	Full name in other scripts (indicate scripts, for example, Arabic, Chinese, Russian):					
Acronym	(in Latin script)					
(if applicable)	Original script (if not Latin	1):				
	Indicate script (for example, Arabic, Chinese, Russian): Other scripts (indicate scripts, for example, Arabic, Chinese, Russian):					
Establishment	Place (street, city, state/p	rovince, country):				
	Time (sures, end, sume, p.	10, 1100, 00 unu j).				
	Day: Month: Year: Calendar:					
Operational	Place (street, city, state/p	rovince country):				
areas	Time frame (Month/Year					
arcas	Place (street, city, state/p	,				
	Time frame (Month/Year					
	Place (street, city, state/p					
	Time frame (Month/Year					
A 3 3	`	,				
Addresses (if applicable)	Current (street, city, state	province, country): Dates:				
(ii applicable)	Dunniana (atmost sites atas	Detect				
	Previous (street, city, stat	te/province, country): Dates:				
t						
I.B. ALIASES/A						
	k any fields for which infor					
Also-Known-As (A		(in Latin script)				
(including Formerly	y-Known-As (FKA) names)	Original script (if not Latin)				
		Indicate script (for example, Arabic, Chinese, Russian):				
		Other scripts (if applicable):				
Type of AKA		☐ Name variation ☐ Spelling variation ☐ Formerly-Known-As (FKA)				
		Other, explain:				
Acronym		(in Latin script):				
(if applicable)		Original script (if not Latin):				
		Indicate script (for example, Arabic, Chinese, Russian):				
Other information	relevant to this AKA	Other scripts (if applicable):				
Other information	relevant to this AKA					
Also-Known-As (A	(KA)	(in Latin script)				
	y-Known-As (FKA) names)	Original script (if not Latin)				
		Indicate script (for example, Arabic, Chinese, Russian):				
		Other scripts (if applicable):				
Type of AKA		Name variation Spelling variation Formerly-Known-As (FKA)				
		Other, explain:				
Acronym		(in Latin script):				
(if applicable)		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 (A	(KA)	(in Latin script)				
	y-Known-As (FKA) names)	Original script (if not Latin)				
(merading Former)	r isnown-135 (FixA) names)	Indicate script (for example, Arabic, Chinese, Russian):				
	Other scripts (if applicable):					
		Name variation Spelling variation Formerly-Known-As (FKA)				
Type of AKA		T I I Name variation I I Spetting variation I Formerly-Known-Actek At				

	Other, explain:
Acronym	(in Latin script):
(if applicable)	Original script (if not Latin):
	Indicate script (for example, Arabic, Chinese, Russian):
	Other scripts (if applicable):
Other information relevant to this AKA	

Other information rel	evant to this AKA				
	ers and other key figures				
	ny fields for which information in not available.				
	sociate or other key figure				
PRN	(Permanent Reference Number if listed)				
Full name	(in Latin script)				
	Original script (if not Latin)				
	Indicate script (for example, Arabic, Chinese, Russian):				
Di di I di	Other scripts (if applicable):				
Birth data	Place (street, city, state/province, country):				
NT-4*1*4	Day: Month: Year: Calendar:				
Nationality, citizenship (current					
and past, add dates					
when granted,					
revoked, annulled,					
withdrawn, if known) States of residence					
Address or location	Place (street, city, state/province, country) and date (day, month, year, calendar):				
(current and past)	Frace (street, city, state/province, country) and date (day, month, year, calendar).				
Identity and travel	(describe nationality, type, issued by, issued at, issue date, issued to, place and date of birth as documented)				
document 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				
AIXAS	each AKAs, any additional information)				
Any other relevant					
information					
Founder leader ass	sociate or other key figure				
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,					
citizenships (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	(describe nationality, type, issued by, issued at, issue date, issued to, place and date of birth as documented)				
document					
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					
Founder, leader, associate or other key figure					
PRN	(Permanent Reference Number if listed)				
	(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):			
Nationality, citizenship (current and past, add dates when granted, revoked, annulled, withdrawn, if known) States of residence	Day: Month: Year:	Calendar:		
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				

ID organizational	linkages associated and affiliated groups entities and undertakings				
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 in not av					
	iliated groups, entities, undertakings				
PRN	(Permanent Reference Number if listed)				
Full name	,				
run 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):				
Address or location (current and past)	Place (street, city, state/province, country) and date (day, month, year, calendar):				
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 affi	iliated 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	Place (street, city, state/province, country) and date (day, month, year, calendar):				
(multiple, if applicable)	2 mos (onest, ones, ones, province), and one (one, month, your, ones, on				
Address or location (current and past)	Place (street, city, state/province, country) and date (day, month, year, calendar):				
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 affi	iliated groups, entities, undertakings				
PRN	(Permanent Reference Number if listed)				
Full name	(in Latin script)				
	\(\(\frac{1}{2}\) \(\frac{1}{2}\)				

	Original script (if not Latin) Indicate covint (for example, Archic Chinese Russian):				
	Indicate script (for example, Arabic, Chinese, Russian): Other scripts (if applicable):				
Establishment data	Other scripts (if applicable): Place (street, city, state/province, country) and date (day, month, year, calendar):				
(multiple, if applicable)	Place (street, city, state/province, country) and date (day, month, year, calendar):				
Address or location (current and past)					ry) and date (day, month, year, calendar):
Financial information		ts, major funding sour			
AKAs	(include AK	As in original/other sc	erij	pts	(describe), type of AKAs, any additional information)
Any other relevant information					
I.E. OTHER INFO		,·		_	
Status	Open and ac	tive	-	片	
	Clandestine Merged		+	Η	with which entity:
	_			<u> 무</u>	•
	Splintered	_1	4	믬	from which entity:
	Banned/illeg	aı		Ш	
Existing INTERPOL Notices (please indicate if	if yes, prease explain.				
there are any INTERPOL notices issued for the group					
at the request of your authorities)					
Website address					
I.F. FINANCIAL I	NFORMAT	ION			
Known assets		Value			
	Funds	Bank account			
		Bank ID			
Stocks, Value bonds and Category and					
	other financial	Category and term			
	assets	Regulators			
		Value			
	Property	Address			
		Registration number			
		Registration Authority			
	Other	Value			
	assets and economic resources	Category			
Major funding	Donations [<u> </u>		
sources	Proceeds of crimes				
	Others, please explain:				
I C OTHER INCO	DMATION	NOT CDECIFIED	A	D.	
I.G. OTHER INFO	KWIATION .	NOT SPECIFIED	A	R(JVE
I					

W B. GVG TOD V VGMVVG
II. BASIS FOR LISTING
Member States are requested to indicate in one or more of the fields below the association between the group 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 group is associated with that already appear on the ISIL (Da'esh) and Al-Qaida
Sanctions List. In the event of the designation of this group 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):
• Name(s) and permanent reference number(s) on the ISIL (Da esit) and Ai-Qaida Sanctions List (ii 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):
Thank and permanent reversion name of (5) on the 1922 (2 to con) and the Quiet of the previous 21st (in approved).
(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:
• Nature of such acts or activities:
• Nature of such acts or activities:
• Nature of such acts or activities:
• 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 group 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 group 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	e			
☐ 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 State	•			
information as possible on the proposed name, in particular suffici	** * *			
positive identification of individuals, groups, undertakings and enti INTERPOL to issue a INTERPOL-United Nations Security Council				
INTERPOL may for implementation purposes wish to contact the relevant				
information on the group proposed for designation herewith. For this purpo				
upon INTERPOL's request, that your country is a designating State of the				
country's permanent mission to the United Nations in New York with the	relevant inquiries).			
In addition, please indicate below if the Committee may convey to INTER	POL, 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	auestions on this submission:			
(THIS INFORMATION SHALL REMAIN CONFIDENTIAL)				
Name:	Position/Title:			
Contact details:				
Office:				
Address:				
Telephone number:				
Fax number:				
E-mail address:				