

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 precise 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 2. Not-for-profit organization or nongovernmental organization 3. Trust, Foundation, Fund or charity undertaking 4. Other <input type="checkbox"/> Describe: |

| | | |
|------------------------------|---|-----------|
| | 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 is 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 (if applicable):

| | |
|--|--|
| 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 | |

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| 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.

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|---|---|
| when granted, revoked, annulled, withdrawn, if known) | |
| States of residence | |
| Address or location (current and past) | Place (street, city, state/province, county) 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 script (describe), type of AKAs (good or low quality), birth data and nationality under each AKAs, any additional information) |
| Any other relevant information | |

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| | 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) Registration and other numbers | Place (street, city, state/province, country) and date (day, month, year, calendar): |

I.F. FINANCIAL INFORMATION

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|-----------------------|---|------------------------|--|
| | | Registration Authority | |
| | Other assets and economic resources | Value | |
| | | Category | |
| Major funding sources | Donations <input type="checkbox"/> | | |
| | Proceeds of crime[s] <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 design

III. STATEMENT OF CASE

The statement of case shall be releasable, upon request, ~~except~~ 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 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 a 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 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, on 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> | |