

**CONSOLIDATED LIST: STANDARD FORM FOR MEMBER STATE SUBMISSIONS TO THE
COMMITTEE FOR LISTING OF ENTITIES
(Basic version)**

For additional information on listing and explanatory notes on completing this form see:
www.un.org/sc/committees/1267/listing.shtml

IA - IDENTIFYING INFORMATION THAT WILL APPEAR ON THE CONSOLIDATED LIST

Member States are requested to provide the Committee with as much relevant information as possible, in particular sufficient identifying information to allow for the accurate and positive identification of the entity concerned.

Full Name (in Latin alphabet, as to appear on the List)	
Spelling variations or other transliterations if used in official documents	
Original script (as to appear on the List)	Indicate script: Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Dari <input type="checkbox"/> Pashtu <input type="checkbox"/> Russian <input type="checkbox"/> Urdu <input type="checkbox"/> Other <input type="checkbox"/> Which:
Other script(s) (if used officially)	Indicate script: Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Dari <input type="checkbox"/> Pashtu <input type="checkbox"/> Russian <input type="checkbox"/> Urdu <input type="checkbox"/> Other <input type="checkbox"/> Which:
Short name / acronym(s)	

Alias, also-known-as, formerly-known-as	Details (spelling in Latin)	
	Short Name/Acronym(s)	
	Original script Indicate script	Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Dari <input type="checkbox"/> Pashtu <input type="checkbox"/> Russian <input type="checkbox"/> Urdu <input type="checkbox"/> Other <input type="checkbox"/> Which:
	Type	Previous legal name <input type="checkbox"/> Previous registered name <input type="checkbox"/> Also-known-as <input type="checkbox"/> Formerly-known-as <input type="checkbox"/> Other <input type="checkbox"/> Which:
	Additional information (dates)	

To add more aliases / AKAs / FKAs, fill in an additional sheet (annex A)

Registration and other identification numbers	Number	
	Type	Business registration number <input type="checkbox"/> Tax identification number <input type="checkbox"/> Employer number <input type="checkbox"/> Social security number <input type="checkbox"/> Other <input type="checkbox"/> Which:
	Issuing authority	
	Other numbers (indicate details as above)	
Registered Address	Current	
	Previous, if any	
Date of establishment (DD/MM/YYYY) Additional information	Day Month Year	
Place of establishment		
State(s) of main activity		
Address(es) in state(s) of main activity		
Please state any specific limitations relevant to the sanctions implementation (see explanatory notes)		

I.B - OTHER IDENTIFYING INFORMATION THAT MAY ALSO APPEAR ON THE CONSOLIDATED LIST
 Member States are requested to provide the following information in order to facilitate the identification of the entity concerned.

Type of entity		Registered company / business <input type="checkbox"/> Unregistered company / business <input type="checkbox"/> Registered non-profit organization <input type="checkbox"/> Unregistered non-profit organization <input type="checkbox"/> Registered group or affiliation <input type="checkbox"/> Unregistered group or affiliation <input type="checkbox"/> Illegal paramilitary / armed group <input type="checkbox"/> Criminal group <input type="checkbox"/> Other <input type="checkbox"/> Which:
Nature of business or activity		Criminal activity <input type="checkbox"/> Charity / humanitarian assistance <input type="checkbox"/> Banking <input type="checkbox"/> Trust / financing <input type="checkbox"/> Informal / alternative remittance system <input type="checkbox"/> Money wire / exchange <input type="checkbox"/> Political activity <input type="checkbox"/> Internet / telecommunications business <input type="checkbox"/> Paramilitary activity <input type="checkbox"/> Legal estate <input type="checkbox"/> Media activity – TV/radio/press/Internet <input type="checkbox"/> Training / recruitment <input type="checkbox"/> Other <input type="checkbox"/> Which:
Location	Current	
	Previous (add dates)	
Branches / subsidiaries (use annex B to report details)		
Parent company (use annex B to report details)		
Leadership and management (use annex C to report details)		
Organizational linkages		
Known assets / location of assets / patterns of provision		
Known bank accounts / BIC / SWIFT / IBAN codes (if possible)		

Status	In liquidation / suspended / terminated / operating license withdrawn	Yes <input type="checkbox"/> No <input type="checkbox"/> ...Not Known <input type="checkbox"/> If yes, please explain:
	Operating under caretaker or equivalent	Yes <input type="checkbox"/> No <input type="checkbox"/> ...Not Known <input type="checkbox"/> If yes, please explain:
	Banned/illegal/ clandestine	Yes <input type="checkbox"/> No <input type="checkbox"/> ...Not Known <input type="checkbox"/> If yes, please explain:
	Other	Please explain:
Relevant INTERPOL Notices		Yes <input type="checkbox"/> No <input type="checkbox"/> ...Not Known <input type="checkbox"/> If yes, please explain:

I.C – OTHER IDENTIFYING 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 nature of the association between the entity inscribed in section I.A of this form and Al-Qaida, Usama bin Laden and/or the Taliban as set out in paragraphs 2 and 3 of resolution 1617 (2005) and subsequent resolutions. Full explanations and details of the nature of this association should be given in Part III of this form (Statement of Case). Please include the permanent reference number(s) of those names which the entity is associated with that already appear on the Consolidated List. In the event of the designation of this entity 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 in accordance with paragraph 14 of Security Council resolution 1904 (2009).

(a) participating in the financing¹, 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 (AQ), Usama bin Laden (UBL), or the Taliban, or any cell, affiliate, splinter group or derivative thereof.²

• Name(s) and permanent reference number(s) on Consolidated List (if applicable):

(b) supplying, selling or transferring arms and related materiel to AQ, UBL or the Taliban, or any cell, affiliate, splinter group or derivative thereof.²

• Name(s) and permanent reference number(s) on Consolidated List (if applicable):

(c) recruiting for AQ, UBL or the Taliban, or any cell, affiliate, splinter group or derivative thereof.²

• Name(s) and permanent reference number(s) on Consolidated List (if applicable):

(d) otherwise supporting acts or activities of AQ, UBL or the Taliban, or any cell, affiliate, splinter group or derivative thereof.²

• Name and permanent reference number(s) on Consolidated List (if applicable):

(e) other acts and activity indicating association with AQ, UBL or the Taliban, or any cell, affiliate, splinter group or derivative thereof.²

• Name and permanent reference number(s) on Consolidated List (if applicable):

• Briefly state the nature of the association:

(f) entity owned or controlled, directly or indirectly, by, or otherwise supporting, an individual or entity on the Consolidated List.²

• Name(s) and permanent reference number(s) on Consolidated List (if applicable):

¹ The Security Council has noted that such means of financing or support include but are not limited to the use of proceeds derived from illicit cultivation, production and trafficking of narcotic drugs originating particularly in Afghanistan, and their precursors (resolution 1904 (2009), para. 9).

² Resolution 1617 (2005), para. 2.

III. STATEMENT OF CASE

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 meets the criteria above; (ii) the nature of the information, for example, intelligence, law enforcement, judicial, or media; and (iii) additional information or documents provided with the submission. States should include details of any connection between the entity proposed for listing and any currently listed individual or entity.³

In accordance with paragraph 11 of resolution 1904 (2009), the whole 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 described in paragraph 14 of resolution 1904 (2009).

III.A STATEMENT OF CASE (RELEASABLE UPON REQUEST)

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

IV. IDENTITY OF DESIGNATING STATE

In accordance with paragraph 12 of resolution 1904 (2009) Member States proposing a new designation are encouraged to specify whether the Committee may make known, upon request from a Member State, the Member State's status as a designating State.

Yes No

V. INTERPOL COOPERATION

The Security Council stressed in its resolution 1699 (2006) that its sanctions measures are often implemented under national law, including criminal law where applicable, and that enhanced cooperation between the United Nations and INTERPOL would enhance States' enforcement of those laws. In the same resolution, the Security Council encouraged Member States to use the tools offered by INTERPOL to reinforce the implementation of mandatory measures adopted by the Security Council, particularly the freezing of assets, travel bans, and arms embargoes. In this connection, the Committee regularly requests INTERPOL to issue INTERPOL-United Nations Security Council Special Notices to alert national law enforcement authorities in INTERPOL member countries that designated individuals and entities are subject to Security Council sanctions

INTERPOL may for implementation purposes wish to contact the relevant authorities in your country, with a view to obtaining additional information on the individual(s)/entity(ies) 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(ies) (INTERPOL would then contact your country's permanent mission to the United Nations in New York with the relevant inquiries).

Yes No **Comments:**

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 **Comments:**

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)

Name:

Position/Title:

Contact details:

Office:

Address:

Telephone number:

Fax number:

E-mail address:

³ Resolution 1735 (2006), para. 5.

ANNEX A – Additional aliases and pseudonyms

Make as many copies of this sheet as needed and fill them in where relevant – other entries may remain blank. Information provided on this annex may also appear on the Consolidated List. To provide information that may only be released to other Member States or solely for the Committee’s information, please use sections III.A and III.B. Furthermore, information in this annex is considered as additional identifiers only and it should not refer to other separate entities (see annex B for related entities).

Alias, also-known-as, formerly- known-as	Details (spelling in Latin)	
	Short Name/Acronym(s)	
	Original script Indicate script	Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Dari <input type="checkbox"/> Pashtu <input type="checkbox"/> Russian <input type="checkbox"/> Urdu <input type="checkbox"/> Other <input type="checkbox"/> Which:
	Type	Previous legal name <input type="checkbox"/> Previous registered name <input type="checkbox"/> Also-known-as <input type="checkbox"/> Formerly-known-as <input type="checkbox"/> Other <input type="checkbox"/> Which:
	Additional information (dates)	

Alias, also-known-as, formerly- known-as	Details (spelling in Latin)	
	Short Name/Acronym(s)	
	Original script Indicate script	Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Dari <input type="checkbox"/> Pashtu <input type="checkbox"/> Russian <input type="checkbox"/> Urdu <input type="checkbox"/> Other <input type="checkbox"/> Which:
	Type	Previous legal name <input type="checkbox"/> Previous registered name <input type="checkbox"/> Also-known-as <input type="checkbox"/> Formerly-known-as <input type="checkbox"/> Other <input type="checkbox"/> Which:
	Additional information (dates)	

Alias, also-known-as, formerly- known-as	Details (spelling in Latin)	
	Short Name/Acronym(s)	
	Original script Indicate script	Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Dari <input type="checkbox"/> Pashtu <input type="checkbox"/> Russian <input type="checkbox"/> Urdu <input type="checkbox"/> Other <input type="checkbox"/> Which:
	Type	Previous legal name <input type="checkbox"/> Previous registered name <input type="checkbox"/> Also-known-as <input type="checkbox"/> Formerly-known-as <input type="checkbox"/> Other <input type="checkbox"/> Which:
	Additional information (dates)	

Alias, also-known-as, formerly- known-as	Details (spelling in Latin)	
	Short Name/Acronym(s)	
	Original script Indicate script	Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Dari <input type="checkbox"/> Pashtu <input type="checkbox"/> Russian <input type="checkbox"/> Urdu <input type="checkbox"/> Other <input type="checkbox"/> Which:
	Type	Previous legal name <input type="checkbox"/> Previous registered name <input type="checkbox"/> Also-known-as <input type="checkbox"/> Formerly-known-as <input type="checkbox"/> Other <input type="checkbox"/> Which:
	Additional information (dates)	

Alias, also-known-as, formerly- known-as	Details (spelling in Latin)	
	Short Name/Acronym(s)	
	Original script Indicate script	Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Dari <input type="checkbox"/> Pashtu <input type="checkbox"/> Russian <input type="checkbox"/> Urdu <input type="checkbox"/> Other <input type="checkbox"/> Which:
	Type	Previous legal name <input type="checkbox"/> Previous registered name <input type="checkbox"/> Also-known-as <input type="checkbox"/> Formerly-known-as <input type="checkbox"/> Other <input type="checkbox"/> Which:
	Additional information (dates)	

Alias, also-known-as, formerly- known-as	Details (spelling in Latin)	
	Short Name/Acronym(s)	
	Original script Indicate script	Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Dari <input type="checkbox"/> Pashtu <input type="checkbox"/> Russian <input type="checkbox"/> Urdu <input type="checkbox"/> Other <input type="checkbox"/> Which:
	Type	Previous legal name <input type="checkbox"/> Previous registered name <input type="checkbox"/> Also-known-as <input type="checkbox"/> Formerly-known-as <input type="checkbox"/> Other <input type="checkbox"/> Which:
	Additional information (dates)	

ANNEX B – Information about related entities

Make as many copies of this sheet as needed and fill them in where relevant – other entries may remain blank.

Information provided on this annex may also appear on the Consolidated List. To provide information that may only be released to other Member States or solely for the Committee's information, please use sections III.A and III.B. Entities referred to in annex B that are not yet included on the Consolidated List will not be considered subject to sanctions unless otherwise stated in the letter of submission, in which case a separate standard form should be filled in for each entity to be subject to sanctions.

RELATED ENTITY (describe type of relation)	Shared ownership <input type="checkbox"/> Subsidiary <input type="checkbox"/> Parent company <input type="checkbox"/> Shared management <input type="checkbox"/> Successor company / organization <input type="checkbox"/> Participation in regional / special network <input type="checkbox"/> Predecessor company / organization <input type="checkbox"/> Other <input type="checkbox"/> Which:	
Permanent reference number (if listed)		
Full Name		
Spelling variations or other transliterations if used in official documents		
Original script (as to appear on the List)	Indicate script: Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Dari <input type="checkbox"/> Pashtu <input type="checkbox"/> Russian <input type="checkbox"/> Urdu <input type="checkbox"/> Other <input type="checkbox"/> Which:	
Other script(s) (if used officially)	Indicate script: Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Dari <input type="checkbox"/> Pashtu <input type="checkbox"/> Russian <input type="checkbox"/> Urdu <input type="checkbox"/> Other <input type="checkbox"/> Which:	
Aliases / also-known-as / formerly-known-as		
Short Name/Acronym(s)		
Registration and other identification numbers	Number	
	Type	Business registration number <input type="checkbox"/> Tax identification number <input type="checkbox"/> Employer number <input type="checkbox"/> Social security number <input type="checkbox"/> Other <input type="checkbox"/> Which:
	Issuing authority	
	Other numbers (indicate details as above)	
Registered Address	Current	
	Previous, if any	
Date of establishment (DD/MM/YYYY) Additional information	Day Month Year	
Place of establishment		
Nature of Business or Activity	Criminal activity <input type="checkbox"/> Charity / humanitarian assistance <input type="checkbox"/> Banking <input type="checkbox"/> Trust / financing <input type="checkbox"/> Informal / alternative remittance system <input type="checkbox"/> Political activity <input type="checkbox"/> Internet / telecommunications business <input type="checkbox"/> Legal estate <input type="checkbox"/> Media activity – TV/radio/press/Internet <input type="checkbox"/> Paramilitary activity <input type="checkbox"/> Training / recruitment <input type="checkbox"/> Money wire / exchange <input type="checkbox"/> Other <input type="checkbox"/> Which:	
Type of Entity	Registered company / business <input type="checkbox"/> Unregistered company / business <input type="checkbox"/> Registered non-profit organization <input type="checkbox"/> Unregistered non-profit organization <input type="checkbox"/> Registered group or affiliation <input type="checkbox"/> Unregistered group or affiliation <input type="checkbox"/> Illegal paramilitary / armed group <input type="checkbox"/> Criminal group <input type="checkbox"/> Other <input type="checkbox"/> Which:	
State(s) of main activity		
Address(es) in state(s) of main activity		
Other supplementary information		

ANNEX C – Information about leadership and management

Make as many copies of this sheet as needed and fill them in where relevant – other entries may remain blank.

Information provided on this annex may also appear on the Consolidated List. To provide information that may only be released to other Member States or solely for the Committee’s information, please use sections III.A and III.B. Individuals referred to in annex C that are not yet included on the Consolidated List will not be considered subject to sanctions unless otherwise stated in the letter of submission, in which case a separate standard form (for individuals) should be filled in for each individual to be subject to sanctions.

Manager, member of the leadership or other affiliate of the entity

Full name (in Latin alphabet, as to appear on the List)														
Name components (Provide 1 – 8 components. On the columns to the left, please describe each part of the name as first, middle or family name, et cetera.)		Describe name component										Other, please describe in writing		
		Name of:												
		First name	Middle name	Last name	Family name	Geographical ref.	Religious title	Father	Grandfather	Great-grandfather	Mother	Tribe		
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling variations or other transliterations if used in official documents														
Original script (as to appear on the List)	Indicate script: Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Dari <input type="checkbox"/> Pashtu <input type="checkbox"/> Russian <input type="checkbox"/> Urdu <input type="checkbox"/> Other <input type="checkbox"/> Which:													
Other script(s) (if used officially)	Indicate script: Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Dari <input type="checkbox"/> Pashtu <input type="checkbox"/> Russian <input type="checkbox"/> Urdu <input type="checkbox"/> Other <input type="checkbox"/> Which:													
Date of birth	(DD/MM/YYYY) Additional information	Day:	Month:	Year:										
Place of birth (city/area/country)														
Alternative dates or places of birth (please explain)														
Male / Female														
Nationality or citizenship(s)	Current													
	Previous (add dates)													
State(s) of residence	Current													
	Previous (add dates)													
Position or role in the entity	Supreme leader <input type="checkbox"/> Top management <input type="checkbox"/> Mid-management <input type="checkbox"/> Lower management <input type="checkbox"/> Sub-leader <input type="checkbox"/> Operative <input type="checkbox"/> Chairman <input type="checkbox"/> Deputy chairman / leader <input type="checkbox"/> Sole owner <input type="checkbox"/> Partner <input type="checkbox"/> Majority owner <input type="checkbox"/> Part owner <input type="checkbox"/> Employee <input type="checkbox"/> Adviser <input type="checkbox"/> Trainer <input type="checkbox"/> Financier <input type="checkbox"/> Beneficiary <input type="checkbox"/> Facilitator <input type="checkbox"/> Recruiter <input type="checkbox"/> Accountant <input type="checkbox"/> Technical specialist <input type="checkbox"/> Other <input type="checkbox"/> Which:													
Any additional information (background on alias)														