

**Standard form for the submission of requests
to remove a name from the Al-Qaida Sanctions List
maintained by the Security Council Committee pursuant to resolutions 1267 (1999) and 1989 (2011)
concerning Al-Qaida and associated individuals and entities**

The use of this form is optional. If used, please complete as many fields as possible.

If you are a representative of a Member State:

Please send the completed form to the Secretariat of the Committee:

- by mail: 1267/1989 Committee Secretariat

Security Council Subsidiary Organs Branch (Room TB-08040C)

United Nations - New York, N.Y. 10017 - USA

- by fax: +1 212 963 1300/3778

- by email: SC-1267-Committee@un.org

If you are a petitioner (individual, group, undertaking or entity on the Al-Qaida Sanctions List, or a representative thereof):

Please refer to the Office of the Ombudsperson for guidance

website: <http://www.un.org/en/sc/ombudsperson/>

The use of this form is not required by the Ombudsperson but may be forwarded to her as follows,

- by mail: Office of the Ombudsperson

Room TB-08041D

United Nations - New York, NY 10017, United States of America

- by fax: +1 212 963 1300/3778

- by email: ombudsperson@un.org

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The use of this form by no means prejudices the decision of the Committee.

I. FOR AN INDIVIDUAL		
Permanent Reference Number (PRN)		
Full name (in Latin alphabet, as it appears on the List)		
Date of birth	(DD/MM/YYYY)	Day: Month: Year:
Place of birth (city/area/country)		
Male / Female		
Nationality or citizenship(s)	Current	
	Previous (add dates)	
State(s) of residence	Current	
	Previous (add dates)	
Address	Primary address (city/area/country)	
	Other addresses (current/previous)	
Location (if different from address)	Current	
	Other	
Associated Entity (entities) on the Al-Qaida Sanctions List (cf. paragraph 5 of Security Council resolution 1989(2011))		
Please indicate if the individual is deceased <i>Paragraph 31 of Security Council resolution 1989 (2011) encourages States to submit delisting requests for individuals that are officially confirmed to be dead</i>		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a death certificate or similar official documentation confirming the death, which should include, to the extent possible, the full name, permanent reference number and date of birth of the individual, and the date and place of death, as well as any further information about the circumstances of the death. See also part III of this form.
Other information		

II. FOR A GROUP, UNDERTAKING OR ENTITY		
Permanent Reference Number (PRN)		
Full Name (in Latin alphabet, as it appears on the List)		
Short name / acronym(s)		
Registration and other identification numbers		
Registered Address	Current	
	Previous, if any	
Type of entity		
Location	Current	
	Previous, if any	
Known assets / location of assets / origin of assets		
Please indicate if the entity is reported or confirmed to have ceased to exist <i>Paragraph 31 of Security Council resolution 1989 (2011) encourages States to submit delisting requests for entities reported or confirmed to have ceased to exist</i>		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide official confirmation. See also part III of this form.
Other information		

III. IDENTIFIED FROZEN ASSETS OF DECEASED INDIVIDUALS OR ENTITIES THAT HAVE CEASED TO EXIST (SECTION FOR REPRESENTATIVES OF MEMBER STATES)

Paragraph 31 of Security Council resolution 1989 (2011) encourages States to take all reasonable measures to ensure that the assets that belonged to these individuals or entities have not been or will not be transferred or distributed to other individuals, groups, undertakings and entities on the Al-Qaida Sanctions List

For deceased individuals, is any legal beneficiary of the deceased's estate, or any joint owner of his/her assets, on the Al-Qaida Sanctions List?

Yes No (If yes, please provide details)

For defunct entities, is any legal beneficiary of the defunct entity, or any joint owner of its assets, on the Al-Qaida Sanctions List?

Yes No (If yes, please provide details)

IV. PREVIOUS DELISTING REQUESTS (IF KNOWN)

Has a de-listing request pertaining to this individual or entity been submitted before?

Yes No

If yes, please elaborate:

V. JUSTIFICATION

The delisting request should explain why the individual or entity concerned no longer meets the criteria described in paragraphs 4 and 5 of resolution 1989 (2011). Attach documentation where appropriate.

VI. SUBMISSION OF DELISTING REQUEST

A request for the de-listing of _____, currently inscribed on the Al-Qaida Sanctions List of the 1267/1989 Sanctions Committee under permanent reference number _____, is hereby submitted.

(date and signature/official seal)

(capacity in which submitting form)