

**STANDARD FORM FOR MEMBER STATE SUBMISSIONS
TO THE 1988 SANCTIONS COMMITTEE FOR LISTING ENTITIES
CONSTITUTING A THREAT TO THE PEACE, STABILITY AND SECURITY OF AFGHANISTAN**

For additional information on listing and explanatory notes on completing this form see:

www.un.org/sc/committees/1988/index.shtml

or contact the 1988 Monitoring Team at 1988mt@un.org.

I.A - IDENTIFYING INFORMATION THAT WILL APPEAR ON THE 1988 SANCTIONS LIST

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

Full name (in Latin script, as to appear on the List)		Acronym:			
Script status		<input type="checkbox"/> Original script <input type="checkbox"/> Transliteration <input type="checkbox"/> Translation <input type="checkbox"/> Other, please specify:			
Name components (Please describe each part of the name in the columns to the right)		Other, please describe			
		General * name component	Legal basis of entity *	Acronym of legal basis *	
		<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"/>
Listed name in original script (if not Latin script)		Acronym:			
Script					
Type of entity	Registered company / business <input type="checkbox"/> Registered non-profit organization <input type="checkbox"/> Registered group or affiliation <input type="checkbox"/> Illegal paramilitary / armed group <input type="checkbox"/> Other <input type="checkbox"/> Please specify:	Unregistered company / business <input type="checkbox"/> Unregistered non-profit organization <input type="checkbox"/> Unregistered group or affiliation <input type="checkbox"/> Criminal group <input type="checkbox"/>			
Registration details and other information	Registering Government authority in Afghanistan (if applicable) Comments:	<input type="checkbox"/> Afghanistan Investment Support Agency (AISA) <input type="checkbox"/> Ministry of Commerce <input type="checkbox"/> Ministry of Justice <input type="checkbox"/> Ministry of Economy and Planning <input type="checkbox"/> Other, please specify:			
	Incorporation / Registration location	Country:	Province:	District:	
	Date of incorporation / establishment	Day:	Month:	Year:	
	Owner / Founder / Legal Representative / Principal Partner(s) / Main Investor(s)*	In original script: Indicate script: If not Latin, name in Latin script:			
	Head Office Address(es) with dates				
	Phone or fax numbers or email				
Additional information, such as registration number, or comments					
State(s) or region of main activity					
Address(es) in State(s) of main activity (if applicable)					
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					

* **General name:** Please list each component separately. **Legal basis of entity:** for example "Incorporated". **Acronym of legal basis:** for example "Ltd.".

* Name(s) entered here will **not** be considered subject to sanctions unless otherwise stated in the letter of submission, in which case separate standard forms for listing individuals should be completed as necessary.

(use annex B to report details)		
Known assets / location of assets / patterns of provision		
Known bank accounts / BIC / SWIFT / IBAN codes (if possible)		
Relevant INTERPOL Notices		Yes <input type="checkbox"/> No <input type="checkbox"/> ...Not Known <input type="checkbox"/> If yes, please explain:
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:

Formally-known-as	If the entity has more aliases/previous names (FKA), please fill in annex A.
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I.B – ADDITIONAL IDENTIFYING OR OTHER INFORMATION NOT SPECIFIED ABOVE

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 those designated individuals inscribed on the 1988 Sanctions List and other individuals, groups, undertakings and entities associated with the Taliban in constituting a threat to the peace, stability and security of Afghanistan as set out in paragraphs 3 and 4 of resolution 1988 (2011). 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 that already appear on the 1988 Sanctions List with which the entity is associated. In the event that the Committee designates this entity, 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 13 of Security Council resolution 1988 (2011).

(a) Participating in the financing², planning, facilitating, preparing or perpetrating of acts or activities by, in conjunction with, under the name of, on behalf of, or in support 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.³
 • Name(s) and permanent reference number(s) on 1988 Sanctions List (if applicable):

(b) Supplying, selling or transferring arms and related materiel to 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.²
 • Name(s) and permanent reference number(s) on 1988 Sanctions List (if applicable):

(c) Recruiting for 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.²
 • Name(s) and permanent reference number(s) on 1988 Sanctions List (if applicable):

(d) 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.²
 • Name(s) and permanent reference number(s) on 1988 Sanctions List (if applicable):

(e) 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.^{2 and 3}

• Name(s) and permanent reference number(s) on 1988 Sanctions List (if applicable):

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.⁴

In accordance with paragraph 12 of resolution 1988 (2011), 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 described in paragraph 13 of resolution 1988 (2011).

III.A STATEMENT OF CASE (RELEASABLE UPON REQUEST)

III.B PARTS OF STATEMENT OF CASE TO REMAIN CONFIDENTIAL TO THE COMMITTEE

IV. IDENTITY OF DESIGNATING STATE

Please specify whether the Committee may make known, upon request from another Member State, your Government's status as a designating State.

Yes No

V. INTERPOL COOPERATION

Pursuant to paragraph 11 of resolution 1988 (2011), the Committee may request INTERPOL to issue an INTERPOL-United Nations Security Council Special Notice concerning this entity to alert national law enforcement authorities in INTERPOL member countries that the entity is 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 entity 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** for this name (INTERPOL would then contact your country's permanent mission to the United Nations in New York with 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 communicate directly with the nominated point of contact with 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:

ANNEX A – Additional or previous names (FKA)

Make as many copies of this sheet as needed. Please provide one sheet for each alternative name or alternative script. This level of detail is necessary because transmitting names by describing their structure is crucial to effective implementation. Fields may remain blank where no applicable data is available.

Type of AKA: <input type="checkbox"/> A separate identity <input type="checkbox"/> Name variation <input type="checkbox"/> Spelling variation <input type="checkbox"/> Former legal name (FKA) <input type="checkbox"/> Other, please specify:				
Is this AKA derived from, otherwise linked to, or an alternative form of the main name or other AKA: Yes <input type="checkbox"/> No <input type="checkbox"/> Which name: Please explain link:				
Is this AKA sufficient for positive identification: Yes <input type="checkbox"/> No <input type="checkbox"/> Notes:				
OR is it a ‘weak AKA’⁵ (one that is commonly used but insufficient in itself to identify the entity): Yes <input type="checkbox"/> No <input type="checkbox"/> Notes:				
Any other information that may help to understand the nature of this AKA:				
AKA or FKA		Acronym:		
Script				
Script status <input type="checkbox"/> Original script <input type="checkbox"/> Transliteration <input type="checkbox"/> Translation <input type="checkbox"/> Other, which:				
Type of name		Previous legal name <input type="checkbox"/> Previous registered name <input type="checkbox"/> Formerly-known-as <input type="checkbox"/> Other <input type="checkbox"/> Please specify:		
Name components (Please describe each part of the name in the columns to the right)		Other, please describe		
	General* name component	Legal basis of entity *	Acronym of legal basis *	
1.	<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"/>
3.	<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"/>
Any additional information (please provide detailed background on this name)				

ANNEX B – Information about related entities

Make copies of this sheet for each related entity as needed and fill them in where relevant. Fields may remain blank where no applicable data is available. Information provided on this annex may also appear on the 1988 Sanctions 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 of the standard form. Entities referred to in this annex that do not already appear on the 1988 Sanctions 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 completed.

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"/> Please specify:		
Permanent reference number (if listed)				
Full Name				
Type of entity	Registered company / business <input type="checkbox"/> Registered non-profit organization <input type="checkbox"/> Registered group or affiliation <input type="checkbox"/> Illegal paramilitary / armed group <input type="checkbox"/> Other <input type="checkbox"/> Please specify:	Unregistered company / business <input type="checkbox"/> Unregistered non-profit organization <input type="checkbox"/> Unregistered group or affiliation <input type="checkbox"/> Criminal group <input type="checkbox"/>		
Registration details and other information	Registering Government authority in Afghanistan (if applicable) Comments:	<input type="checkbox"/> Afghanistan Investment Support Agency (AISA) <input type="checkbox"/> Ministry of Commerce <input type="checkbox"/> Ministry of Justice <input type="checkbox"/> Ministry of Economy and Planning <input type="checkbox"/> Other, which:		
	Incorporation / Registration location	Country:	Province:	District:
	Incorporation / Foundation date	Day:	Month:	Year:
	Senior Manager / Owner / Founder / Legal representative / Investor name (if applicable)*	In original script: Indicate script: If not Latin, name in Latin script:		
	Address(es) with dates			
	Phone or fax numbers or email			
	Additional information recorded in the registration document or comments			
State(s) or region of main activity				
Address(es) in State(s) of main activity (if applicable)				
Branches / subsidiaries (use annex B to report details)				
Parent company (use annex B to report details)				
Leadership and management *				
Organizational linkages				
Known assets / location of assets / patterns of provision				
Known bank accounts / BIC / SWIFT / IBAN codes (if possible)				
Relevant INTERPOL Notices		Yes <input type="checkbox"/> No <input type="checkbox"/> ...Not Known <input type="checkbox"/> If yes, please explain:		
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:		

ANNEX C – Information about leadership and management

Make copies of this sheet for each related individual as needed and fill them in where relevant. Fields may remain blank where no applicable data is available. Information provided on this annex may also appear on the 1988 Sanctions 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. in the standard form. Individuals referred to in this annex that do not appear on the 1988 Sanctions 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 completed.

MANAGER, MEMBER OF THE LEADERSHIP OR OTHER AFFILIATE OF THE ENTITY											
Position or role in the entity	e.g. Supreme leader, Top / Mid / Lower management, Operative, Chairman, Sole owner, Partner:										
Any additional information about linkage between this individuals and the entity submitted for listing											
Full name (in Latin script)											
Name components (Please describe each part of the name in the columns to the right)	Describe name component										
	First name	Name of:			Takhallus (adjective)	Geographical	Middle name	Last name	Religious title	Other (e.g. mother's name), please describe	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
Script status	Is this: <input type="checkbox"/> Original script <input type="checkbox"/> Transliteration <input type="checkbox"/> Translation <input type="checkbox"/> Other, which:										
Listed name in original script (if not Latin script)											
Script											
Birth data	Place (locality/area/country):						Day:	Month:	Year:		
Alternative birth data ⁷	Place (locality/area/country):						Day:	Month:	Year:		
Male / Female											
Nationality or citizenship(s)	Current										
	Previous (add dates)										
State(s) of residence	Current										
	Previous (add dates)										
Afghan Tazkira if applicable (please provide scanned copy with the submission)	Document number										
	Issued at		Country:			Province:			District:		
	Record locator		Volume:		Page:		Registration:				
	Issue date		Day:		Month:		Year:				
	Name issued to (in original script)		Name: Father's name: Grandfather's name:								
	Place of birth noted on tazkira		Province:			District: :			Village:		
Passport, National ID card (other	Document type										
	Document number										
	Issued by										

than Afghan tazkira), residency permit, or similar official document	Issued at	Country:	Province:	District:
	Issue date	Gregorian Hijri	Day: Month: Year:	Original date? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Day: Month: Year:	Original date? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Expiry date	Gregorian Hijri	Day: Month: Year:	Original date? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Day: Month: Year:	Original date? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Issued to	Name: Family/Father's and others name: Indicate script: <input type="checkbox"/> Latin <input type="checkbox"/> Dari <input type="checkbox"/> Pashtu <input type="checkbox"/> Other, which:		
	Place and date of birth as documented	Place (city/area/country): Day: Month: Year:		
Nationality in document				
Additional information				

OTHER IDENTIFYING OR ADDITIONAL INFORMATION NOT SPECIFIED ABOVE