

**STANDARD FORM FOR MEMBER STATE SUBMISSIONS
TO THE 1988 SANCTIONS COMMITTEE FOR LISTING INDIVIDUALS
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 Analytical Support and Sanctions 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 individual concerned.

Full name (in Latin script)												
Name components (Please describe each part of the name)		Description of name component										
		Name of:									Other (e.g. mother's name), please describe	
		First name	Father	Grandfather	Tribe	Takhallus (adjective)	Geographical	Middle name	Last name	Religious title		
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 ¹	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 and/or others name:										
Place of birth noted on tazkira		Province:										
		District:										
		Village:										
Passport, National ID card (other)	Document type											
	Document number											

¹ Related to this name. For birth data related to other names (aliases, secondary identities), please fill in annex A. If there is more than one alternative date or place of birth, please provide this information under section I.D.

than Afghan tazkira), residency permit, or similar official document	Issued by					
	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 name and others:			
		Indicate script: <input type="checkbox"/> Latin <input type="checkbox"/> Dari <input type="checkbox"/> Pashtu <input type="checkbox"/> Other, please specify:				
Place and date of birth as documented		Place (city/area/country):				
		Day:	Month:	Year:		
Nationality in document						
Additional information						

Also-known-as	If the individual has aliases/also-known-as names, both current and previous, please complete annex A.

I.B - OTHER IDENTIFYING INFORMATION THAT MAY APPEAR ON THE 1988 SANCTIONS LIST
Member States are requested to provide the following information to facilitate the identification of the individual concerned.

Title(s)		
Employment / Occupation (please provide dates and nature of employment, in particular regarding positions held in listed groups, undertakings or entities)		
Marital status		
Address	Primary address (city/area/country)	
	Other addresses (current/previous)	
Location (if different from above)	Current	
	Alternative	
Status	Wanted / Subject to arrest warrant	Yes <input type="checkbox"/> No <input type="checkbox"/> ...Not Known <input type="checkbox"/> If yes, please explain:
	Detained (please provide date of likely release)	Yes <input type="checkbox"/> No <input type="checkbox"/> ...Not Known <input type="checkbox"/> If yes, please explain:
	Convicted / Sentenced (please provide details of sentence)	Yes <input type="checkbox"/> No <input type="checkbox"/> ...Not Known <input type="checkbox"/> If yes, please explain:
	Others (please see explanatory notes)	Yes <input type="checkbox"/> No <input type="checkbox"/> ...Not Known <input type="checkbox"/> If yes, please explain:
Relevant INTERPOL Notices	Yes <input type="checkbox"/> No <input type="checkbox"/> ...Not Known <input type="checkbox"/> Details:	
Other supplementary information		

I.C - PHYSICAL DESCRIPTION (these details may be used for an INTERPOL-UNSC Special Notice)

Height (cm)		Eye color	
Weight (kg)		Hair color	
Build		Complexion	
Photograph, sketch, computer image attached?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, type(s):		
Other biometric identifiers attached? For example fingerprints, DNA code, iris scan or digital	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, type(s):		

I.C – PHYSICAL DESCRIPTION (these details may be used for an INTERPOL-UNSC Special Notice)	
facial image	
Distinguishing marks and other physical characteristics	
Tribal / ethnic background	
Languages spoken	

I.D – OTHER IDENTIFYING OR ADDITIONAL INFORMATION NOT SPECIFIED ABOVE

Reminder: If the name on an identifying document is different from I.A please provide details of the name structure using annex A. To add particulars from additional documents, make a copy of and fill in annex B. Please provide a copy of the document(s) if possible.

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 individual 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 individual is associated. In the event that the Committee designates this individual, 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):

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 individual 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 individual 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. It may also be used to develop the narrative summary of

² 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 and their precursors originating in and transiting through Afghanistan (resolution 1988 (2011), para. 5).

³ Resolution 1988 (2011), paras. 3 and 5.

⁴ Resolution 1988 (2011), paras. 11 and 12.

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 IDENTIFIED AS BEING CONFIDENTIAL TO THE COMMITTEE

IV. IDENTITY OF DESIGNATING STATE

Please specify whether the Committee may make known, upon request from another Member State, your status as a designating State for this name.

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 to alert national law enforcement authorities in INTERPOL member countries that the individual 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 individual 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)

<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>	

ANNEX A – Also-Known-As (AKA)

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

Type of alias/AKA: <input type="checkbox"/> A separate identity <input type="checkbox"/> Name variation <input type="checkbox"/> Spelling variation <input type="checkbox"/> Nickname <input type="checkbox"/> Nom-de-guerre <input type="checkbox"/> Former legal name <input type="checkbox"/> Other, explain:	
Is this alias/AKA derived from, otherwise linked to, or an alternative form of the main name or other alias/AKA: Yes <input type="checkbox"/> No <input type="checkbox"/> Which name: Please explain link:	
Is this alias/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 person): Yes <input type="checkbox"/> No <input type="checkbox"/> Notes:	
Any other information that may help explain the nature of this AKA:	

IDENTIFYING AKA INFORMATION THAT WILL APPEAR ON THE 1988 SANCTIONS LIST																											
Full AKA (in Latin script)																											
Name components of AKA																											
Describe name component																											
<table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <thead> <tr> <th rowspan="2" style="width: 5%;"> </th> <th rowspan="2" style="width: 5%;">First name</th> <th colspan="5" style="width: 25%;">Name of:</th> <th rowspan="2" style="width: 5%;">Geographical</th> <th rowspan="2" style="width: 5%;">Middle name</th> <th rowspan="2" style="width: 5%;">Last name</th> <th rowspan="2" style="width: 5%;">Religious title</th> <th rowspan="2" style="width: 20%;">Other (e.g. mother’s name), please describe</th> </tr> <tr> <th style="width: 5%;">Father</th> <th style="width: 5%;">Grandfather</th> <th style="width: 5%;">Tribe</th> <th style="width: 5%;">Takhallus (adjective)</th> <th style="width: 5%;"> </th> </tr> </thead> </table>												First name	Name of:					Geographical	Middle name	Last name	Religious title	Other (e.g. mother’s name), please describe	Father	Grandfather	Tribe	Takhallus (adjective)	
	First name	Name of:					Geographical	Middle name	Last name	Religious title			Other (e.g. mother’s name), please describe														
		Father	Grandfather	Tribe	Takhallus (adjective)																						
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"/>																
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"/>																
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"/>																
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"/>																
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"/>																
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"/>																
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"/>																
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"/>																
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 ⁶	Place (locality/area/country):					Day:	Month:	Year:																			
Any additional information (please provide detailed background on this alias)																											

⁵ These include nicknames, noms-de-guerre, very common acronyms and names by which the individual refers to himself, or others refer to him. While it is not expected that names in legal documents will be screened against these AKAs, they can yet be useful for identification purposes, particularly in determining whether a possible match triggered by other identifier information is accurate.

⁶ Related to this name. For birth data related to other names than the name specified above under I.A. (aliases, secondary identities), please fill in annex A. If there is more than one alternative date or place of birth, please provide this information under any additional information.

ANNEX B –Identification and other official documents

Afghan Tazkira if applicable (please provide scanned copy with the submission)	Document number	
	Issued at	Province: District: Village/neighborhood:
	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 than Afghan tazkira), residency permit, or similar official document	Document type	
	Document number	
	Issued by	
	Issued at	Country: Province: District:
	Issue date Gregorian	Day: Month: Year: Original date? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Hijri	Day: Month: Year: Original date? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Expiry date Gregorian	Day: Month: Year: Original date? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Hijri	Day: Month: Year: Original date? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Issued to	Name: Family/Father's name and other names: 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		