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| **Travel Ban Exemption Request Form** |
| * This form is intended to assist **Member States other than Afghanistan** in making requests for exemptions to the travel ban imposed under the 1988 sanctions regime. The form for travel ban and assets freeze exemption requests by the Government of Afghanistan is available [here](https://www.un.org/sc/suborg/sites/www.un.org.sc.suborg/files/template_for_travel_ban_and_assets_freese_exemption_requests_goa_only_-_e.pdf).
* For a **new request**, please fill out **Sections 1, 2, 3, 4 and 5**.
* For **any subsequent change**, please fill out **Sections 1 and 6**.
* For a **request for an extension of the approved travel**, please fill out **Sections 1 and 7.**
* A travel by a listed individual may also require an exemption to the assets freeze. This will be considered in tandem with the requested exemption to the travel ban measure.
* The completed form should be emailed from an official email address of your Permanent Mission to the United Nations in New York to the Chair, through the Secretariat of the Committee (SC-1988-Committee@un.org) with a copy to the Analytical Support and Sanctions Monitoring Team (1988mt@un.org). The form should be sent as early as possible, but no less than fifteen days prior to the proposed travel, except where humanitarian considerations dictate shorter period. Incomplete requests will result in a delay in consideration or denial by the Committee.
* Should your Government have any questions or need any assistance regarding requests for exemptions from the travel ban, please contact the Monitoring Team (1988mt@un.org) and the Secretariat (SC-1988-Committee@un.org).
* All requests for exemptions and extensions thereto which have been approved by the Committee will be posted on the Committee’s [website](https://www.un.org/sc/suborg/en/sanctions/1988/travel-ban/travel-exemptions-in-effect) while in effect.
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|  | **Special note on the scope of the 1988 travel ban*** Under the 1988 sanctions regime, there is no obligation for a State to deny entry into or require the departure from its territories of its own nationals.
* Travel ban does not apply where entry or transit of the listed individual is necessary for fulfilment of a judicial process.
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| **1. Information about the requesting State** |
| a) Date of submission: | Click or tap to enter a date. |
|  | ☐ This request is made in the context of a **humanitarian emergency** |
| b) Your Government is the: | ☐State of **Nationality** ☐ State of **Residence**☐ State of **Destination** ☐ State of **Transit** |
| c) Please provide a contact person in your Permanent Mission in New York. |
| Name: | Click or tap here to enter text. |
| Phone number: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |
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| **2. Information about the traveller** |
| a) Individual’s name: | Click or tap here to enter text. |
| b) Individual’s address: | Click or tap here to enter text. |
| c) The traveller will **return to this address upon completion of travel**. |  ☐ **YES**  ☐ **NO** |
|  | \* Answer Yes if the exemption is sought for a round-trip. |
| d) Individual’s Nationality: | Click or tap here to enter text. |
| e) Passport or travel document number(s): | Click or tap here to enter text. |
| f) Passport issued (date, issuing authority): | Click or tap here to enter text. |
| g) Passport valid until: | Click or tap here to enter text. |
| h) Permanent reference number: | Click or tap here to enter text. |
| \* Permanent Reference Number can be found at <https://www.un.org/sc/suborg/en/sanctions/1988/materials> |
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| **3. Information about the State of Transit *(if any)*** |
| a) Has your Government secured the agreement of the State of transit for the travel? | ☐ **YES**  ☐ **NO** |
| b) If **Yes** to **a)**, please provide the contact person in the State of transit: |
| Country name: | Click or tap here to enter text. |
| Name: | Click or tap here to enter text. |
| Phone number: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |
| \* If there are multiple States of transit, please provide the same information below. |
| Click or tap here to enter text. |
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| **4. Information about the State of Destination** |
| a) Has your Government secured the agreement of the State of destination for the travel? | ☐ **YES**  ☐ **NO** |
| \* The Committee shall consider requests for exemptions to the travel ban in consultation with States of transit and destination and any other relevant States. The Committee will only agree to exemptions to the travel ban with the agreement of the States of transit and destination. |
| b) If **Yes** to **a)**, please provide the contact person in the State of destination: |
| Country name: | Click or tap here to enter text. |
| Name: | Click or tap here to enter text. |
| Phone number: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |
| c) Please provide specific details of meetings or appointments: | Click or tap here to enter text. |
| d) Address in State of Destination: | Click or tap here to enter text. |
| e) The traveller will **remain at this address upon completion of travel.** |  ☐ **YES**  ☐ **NO** |
|  | \* Answer Yes if the exemption is sought for a one-way trip. |
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| **5. Information about the travel** |
| a) Purpose of the travel: | Click or tap here to enter text. |
| b) Justification for the travel: | Click or tap here to enter text. |
| \* For a) and b), please attach copies of **supporting documents** on the purpose and justification. |
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| c) Proposed date and time of departure: | Click or tap here to enter text. |
| d) Proposed date and time of return: | Click or tap here to enter text. |
| e) Complete itinerary & timetable:(including all **transit** stops) | Click or tap here to enter text. |
| f) Details of the mode of transport to be used:(including where applicable, record locator, flight numbers and names of vessels) | Click or tap here to enter text. |
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| **6. Changes to a previously-submitted request** |
| \* Any changes to the request shall be communicated immediately to the Chair. |
| a) Date of initial request: | Click or tap here to enter text. |
| b) Was the request approved? |  ☐ **YES**  ☐ **NO** |
| c) What are the changes? | ☐ **Departure time** only (less than 48 hrs) ☐ Other☐ **Departure time** change more than 48 hrs |
| *i) If the change is the departure time only (less than 48 hrs)***New Departure Date & Time**: | Click or tap here to enter text. |
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| *ii) If the departure is advanced/ postponed more than 48 hrs* | **New Exemption Request** should be submitted |
| *iii) For other changes* |  |
| \* Such changes require further consideration by the Committee and shall be received by the Chair no less than **three working days prior to the commencement of the travel**. |
| **Reasons for the changes:** | Click or tap here to enter text. |
|  **Details of the changes:** | Click or tap here to enter text. |
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| **7. Extension of the approved exemption to the travel ban** |
| \* Any request for an extension of the exemption shall be subject to the procedures set out above and shall be received by the Chair in writing, with a revised itinerary, no less than **five working days before the expiry of the approved exemption**. |
| a) Date of initial request: | Click or tap here to enter text. |
| b) Reasons for an extension: | Click or tap here to enter text. |
| c) **Revised** itinerary & timetable:(including all **transit** stops) | Click or tap here to enter text. |
| d) Details of the mode of transport:(including where applicable, record locator, flight numbers and names of vessels) | Click or tap here to enter text. |
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| **8. Assets freeze exemption in connection with this travel** |
| \* Any request for a change or extension of a granted travel ban exemption shall be accompanied by **details of the additional fund**s provided in this context. |
| a) Recipient’s bank information*(if appropriate)*: | Click or tap here to enter text. |
| b) Details of funds to be released: | Click or tap here to provide total amount. |
| *i) Transportation:* | Click here to provide details and amount if relevant /known. |
| *ii) Lodging* | Click here to provide details and amount if relevant /known. |
| *iii) Other expenses:* | Click here to provide details and amount if relevant /known. |
| c) Payment starting date: | Click or tap here to enter text. |
| d) Payment frequency: | ☐ One-off ☐ Monthly☐ Other *(please specify)*: Click or tap here to enter text. |
| e) Number of instalments*(if relevant):* | Click or tap here to enter text. |
| f) Form of payment *(if relevant)*: | ☐ Bank transfer ☐ Direct debit☐ Cash |
| g) Interest *(if relevant)*: | Click here to provide amount if applicable and known. |
| h) Other information: | Click or tap here to enter text. |
|  | \* Please provide any other information considered relevant to assist the Committee in its consideration and attach any relevant documents. |
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| **9. Reporting arrangements** |
| \* Written confirmation of the completion of the travel by the listed individual shall be provided to the Chair of the Committee by the State, in which the listed individual has stated he will be resident after completion of the exempted travel. |
| a) State of Destination: | Click or tap here to enter text. |
| b) Contact details in State of Destination |
| Name: | Click or tap here to enter text. |
| Phone number: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |
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