

## Delisting Request Form

- This form is intended to assist Member States in making requests for delisting of individuals, groups, undertakings and entities on the ISIL (Da'esh) and Al-Qaida Sanctions List.
- The completed form should be emailed from an official email address of your Permanent Mission to the United Nations in New York to the Secretariat of the Committee ([SC-1267-Committee@un.org](mailto:SC-1267-Committee@un.org)) with a copy to the Analytical Support and Sanctions Monitoring Team ([1267mt@un.org](mailto:1267mt@un.org)). Incomplete requests will result in a delay in consideration by the Committee.
- Should your Government have any questions or need any assistance regarding requests for delisting, please contact the Monitoring Team ([1267mt@un.org](mailto:1267mt@un.org)) and the Secretariat ([SC-1267-Committee@un.org](mailto:SC-1267-Committee@un.org)).

**Date of Submission:**

Click or tap to enter a date.

### 1. Information about the Listed Individual or Entity:

a) Permanent reference number: Click or tap here to enter text.

b) Name: Click or tap here to enter text.

c) State(s) of Residence/Incorporation: Click or tap here to enter text.

d) (For individuals only) State(s) of Nationality: Click or tap here to enter text.

For a) to d), you can find relevant information in the ISIL (Da'esh) and Al Qaida Sanctions List, available online at [https://www.un.org/sc/suborg/en/sanctions/1267/aq\\_sanctions\\_list](https://www.un.org/sc/suborg/en/sanctions/1267/aq_sanctions_list)

- e) Reason for listing:  
(multiple may apply)
- ☐ Participating in the financing, 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, ISIL, or any cell, affiliate, splinter group or derivative thereof
  - ☐ Supplying, selling or transferring arms and related materiel to Al-Qaida, ISIL, or any cell, affiliate, splinter group or derivative thereof
  - ☐ Recruiting for Al-Qaida, ISIL, or any cell, affiliate, splinter group or derivative thereof
  - ☐ Otherwise supporting acts or activities of Al-Qaida, ISIL, or any cell, affiliate, splinter group or derivative thereof
  - ☐ Other acts or activities indicating association with Al-Qaida, ISIL, or any cell, affiliate, splinter group or derivative thereof

f) Which listed individuals, groups, undertakings or entities associated with: Click or tap here to enter text.

For e) and f), you can find relevant information in the Narrative Summary of Reasons for the Listing, available online at [https://www.un.org/sc/suborg/en/sanctions/1267/aq\\_sanctions\\_list/summaries](https://www.un.org/sc/suborg/en/sanctions/1267/aq_sanctions_list/summaries)

### 2. Information about the Requesting State

a) Please provide a contact person in the 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.
b) Your Government is:	<input type="checkbox"/> the <b>sole Designating State*</b> (Skip to <b>Q.4</b> ) <input type="checkbox"/> One of the <b>multiple Designating States**</b> (go to <b>Q.3-A</b> ) <input type="checkbox"/> <b>not the Designating State</b> (go to <b>Q.3-B</b> )
<p><small>*A delisting request submitted by the designating State will take effect after 60 days, unless the Committee members by consensus object the delisting request before the end of that 60-day period or in cases where consensus does not exist, the Chair submits the question to the Council for a decision within a period of 60 days upon the request of a Committee member.</small></p> <p><small>** If the listed individual or entity is added to the ISIL (Da'esh) and Al Qaida Sanctions List by Security Council resolutions, all the 15 members of the Council at that time are deemed the Designating States. Some entries are also added to the Sanctions List based on proposals from two or more co-designating States. In such instances, if your Government is unaware of other designating States for this listed individual or entity, please contact the Secretariat for assistance.</small></p>	
<b>3-A. Consensus among the multiple Designating States</b> <b>(For multiple Designating States only)</b>	
a) Does the <b>consensus</b> exist between or among all designating States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b) If <b>Yes to a)</b> , please provide the contact person in the Permanent Mission in New York:	
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.
<p><small>* If there are more than two designating States, please provide the same information below.</small></p> <p>Click or tap here to enter text.</p>	
<b>3-B. Prior consultations with the Designating States</b> <b>(For non-Designating State only)</b>	
a) If your Government is <b>not</b> the Designating State, has your Government bilaterally consulted with the Designating State(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Know the Designating State(s)
b) If <b>Yes to a)</b> , please provide the contact person in the Permanent Mission in New York:	
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.
<p><small>* If there are more than two designating States, please provide the same information below.</small></p> <p>Click or tap here to enter text.</p>	

#### 4. Prior consultations with the State of Residence/Incorporation

	<input type="checkbox"/> YES	<input type="checkbox"/> NO
a) Has your Government bilaterally consulted with the State(s) of Residence or Incorporation?	<input type="checkbox"/> No Known State of Residence/Incorporation <input type="checkbox"/> Same as the Designating State <input type="checkbox"/> My Government is the Sole State of Residence/Incorporation	
b) If <b>Yes</b> to <b>a)</b> , please provide the contact person in the Permanent Mission in New York:		
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 Residence/Incorporation, please provide the same information below. Click or tap here to enter text.		

#### 5. Prior consultations with the State of Nationality (for an individual only)

	<input type="checkbox"/> YES	<input type="checkbox"/> NO
a) Has your Government bilaterally consulted with the State(s) of Nationality?	<input type="checkbox"/> No Known State of Nationality <input type="checkbox"/> Same as the Designating State and/or the State of Residence <input type="checkbox"/> My Government is the Sole State of Nationality	
b) If <b>Yes</b> to <b>a)</b> , please provide the contact person in the Permanent Mission in New York:		
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 Nationality, please provide the same information below. Click or tap here to enter text.		

<b>Reason for delisting:</b>	<ul style="list-style-type: none"> <li>– An individual or entity <b>no longer meets the listing criteria</b> (Please complete <b>Sections 6</b> and <b>8</b> below)</li> <li>– a <b>deceased</b> individual or <b>defunct</b> entity (Please complete <b>Sections 7</b> and <b>8</b> below)</li> </ul>
<b>6. Request delisting those who no longer meet the listing criteria</b> (Please <b>attach copy</b> of all official supporting documentation)	
a) Please explain why the listed individual or entity no longer meets the listing criteria: Click or tap here to enter text.	
b) Current activities of the listed individual or entity: (including his/her occupation in case of the individual) Click or tap here to enter text.	
c) Current address of the listed individual or entity: Click or tap here to enter text.	
d) Contact information of the listed individual or entity: Click or tap here to enter text.	
e) Any other relevant information: Click or tap here to enter text.	
f) Please list all official documents supporting the delisting request ( <b>Please attach</b> ):	
<b>Title of document</b>	<b>Relevance to the request</b>
<b>1</b> Click or tap here to enter text.	Click or tap here to enter text.
<b>2</b> Click or tap here to enter text.	Click or tap here to enter text.
<b>3</b> Click or tap here to enter text.	Click or tap here to enter text.
<b>4</b> Click or tap here to enter text.	Click or tap here to enter text.
<b>5</b> Click or tap here to enter text.	Click or tap here to enter text.
* Please add as many rows as necessary.	
<b>7. Request delisting a Deceased Individual or a Defunct Entity</b> (Please <b>attach copy</b> of all official supporting documentation)	
a) Type of Official Certification:	<input type="checkbox"/> Death Certificate <input type="checkbox"/> Certificate of Dissolution <input type="checkbox"/> Other (Please Specify: Click or tap here to enter text.)
b) Date of Issuance:	Click or tap here to enter text.
c) Issuing Authority:	Click or tap here to enter text.
<b>For a Deceased Individual:</b>	
d) Date of Death:	Click or tap to enter a date. Is this an estimated date? <input type="checkbox"/> YES <input type="checkbox"/> NO

e) Place of Death: Click or tap here to enter text.

f) Circumstances of Death: Click or tap here to enter text.

**For a Defunct Entity:**

g) Date of Dissolution: Click or tap to enter a date.

h) Circumstances of Dissolution: Click or tap here to enter text.

i) Other relevant information: Click or tap here to enter text.

**8. Information about the assets\* to be unfrozen**

a) Please provide the financial status of the listed individual or entity:

Click or tap here to enter text.

b) Are there **any assets to be unfrozen** or otherwise made available within the jurisdiction or control of your Government? ☐ YES ☐ NO

c) If **Yes to b)**, please list **all those who will receive** those assets to be unfrozen or otherwise made available:

Click or tap here to enter text.

d) Has your Government ascertained that none of the recipients of the unfrozen assets be listed on the Consolidated United Nations Security Council Sanctions List\*\*? ☐ YES ☐ NO

\* The Consolidated United Nations Security Council Sanctions List is available online at <https://www.un.org/sc/suborg/en/sanctions/un-sc-consolidated-list>

e) Please describe any measures your Government has taken to prevent unfrozen assets from being used for terrorist purposes:

Click or tap here to enter text.

\* For the purposes of this form, “assets” shall mean any funds, other financial assets and economic resources.