

nationalities, if known.)		
State of residence		
Status of residence (citizens, legal residents, non-immigrants, or undocumented immigrants, asylees, refugees)		
Address (Please provide dates at address, if known)	Current (street, city, state/province, country):	Dates:
	Previous (street, city, state/province, country):	Dates:
Contact details (Please provide telephone number or email address, if known)	Current: Previous	
Location (List operational areas or frequented locations, if different from address)	Current (street, city, state/province, country):	Dates:
	Previous (street, city, state/province, country):	Dates:

I.B. IDENTITY AND TRAVEL DOCUMENTS

Please provide the different types of identity and travel documents available. Please leave blank any fields for which information is not available. Please provide copies of documents where possible.

Please indicate whether documents were issued in the name specified in section I.A above or issued under a different identify/name specified on the next page in section I.C. Please make the linkage between the documents, the names and dates/places of birth as clear as possible.

Please also indicate here social security or other national identification numbers for which no document was issued.

Document type (for example, passport, birth certificate, national identification card, residency permit, social security card, driver's license, refugee identification card, electronic identification (eID), certificate of identity, refugee travel document)	
Document number	
Issued by (authority)	
Issued at (street, city, state/province, country))	
Issue date	Day: Month: Year: Calendar:
Expiry date	Day: Month: Year: Calendar:
Issued to (Name in same script as in document, Please indicate the script in parenthesis.)	
Place and date of birth as documented	Place (street, city, state/province, country): Day: Month: Year: Calendar:
Nationality in document	
Additional information or comments	

Document type (for example, passport, birth certificate, national identification card, residency permit, social security card, driver's license)	
Document number	
Issued by (authority)	
Issued at (street, city, state/province, country))	
Issue date	Day: Month: Year: Calendar:
Expiry date	Day: Month: Year: Calendar:
Issued to (Name in same script as in document, Please indicate the script in parenthesis.)	
Place and date of birth as documented	Place (street, city, state/province, country): Day: Month: Year: Calendar:
Nationality in document	
Additional information or comments	

Document type (for example, passport, birth certificate, national identification card, residency permit, social security card, driver's license)	
Document number	
Issued by (authority)	
Issued at (street, city, state/province, country))	
Issue date	Day: Month: Year: Calendar:
Expiry date	Day: Month: Year: Calendar:
Issued to (Name in same script as in document, Please indicate the script in parenthesis.)	
Place and date of birth as documented	Place (street, city, state/province, country): Day: Month: Year: Calendar:
Nationality in document	
Additional information or comments	

I.C. ALIASES/AKAS

Please provide the different alternative names used by individuals. Please make and fill in as many copies of this page as needed. Please use a separate sheet for each AKA. Please leave blank any fields for which information is not available.

Please indicate which documents (if any) were issued in the name specified in this section. Please make the linkage between the documents, the names and dates/places of birth as clear as possible.

Alias/Also-Known-As (AKA) Name (in Latin script)	
AKA components (Please write each part of the AKA on separate rows. If there are more than eight components, please describe in comments. The aim of this section is to ensure that each part of the AKA is accurately identified regardless of national naming conventions, so that, for example, last names are not mistaken for first names and vice versa.)	Type of component (Please describe each part of the AKA as, for example, first name, middle name, last name, family name, maiden name, geographical reference, religious title, name of father/grandfather/great-grandfather, name of mother, name of tribe or honorific pre- or postfix.)
1.	
2.	
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8.	
Comments:	
AKA in original script (if not Latin)	
Language/Type of original script (for example, Chinese, Cyrillic, Arabic, Dari, Pashtu)	
AKA in other scripts (Not original script but found in official documents. Please indicate script in parenthesis after for each name.)	
Type of 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 AKA sufficient in itself for accurate and positive identification , i.e., a “good quality” also-known-as name found in official documents (a <i>nom de guerre</i> , nickname or other informal pseudonym generally would not be sufficient in itself to allow for positive identification but may still be useful to help determine if a possible match triggered by other identifier information is accurate and will be included on the ISIL (Da’esh) and Al-Qaida Sanctions List as a “low quality” aka)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please include any birth data, nationality, address and travel or identification documents linked to this AKA. For example, an individual may have several passports under different names and including varying identifying data.	
Birth data (related to this name)	Place (street, city, state/province, country): Day: Month: Year: Calendar:
Nationality, citizenship(s) (related to this name)	Dates (current and previous):
States of residence (related to this name)	
Address (related to this name)	Dates (current and previous):
Identity and travel documents (Related to this name.)	Document types, numbers, issuing authorities, comments:
Any additional information	

I.D. - OTHER INFORMATION

Title(s) (for example, honorary, professional, religious, academic or other title or hereditary status)		
Employment / Occupation (please provide dates and nature of employment, in particular regarding positions held in listed groups, undertakings or entities)		
Marital status		
Relevant legal Status	Wanted / Subject to arrest warrant/ /Indicted/Charged	Yes <input type="checkbox"/> No <input type="checkbox"/> ...Not Known <input type="checkbox"/> If yes, please explain:
	Detained/Arrested (please indicate whether individual is in detention, arrest custody, or prison - if possible, please provide the date, location and circumstances of detention or arrest, and the date of likely release)	Yes <input type="checkbox"/> No <input type="checkbox"/> ...Not Known <input type="checkbox"/> If yes, please explain:
	Convicted / Sentenced/Prosecuted/Extradited/ Parole/Probation (please indicate whether the individual has been convicted, sentenced, prosecuted or has any other relevant legal status and provide explanation, including details on sentence, type of offense and the date of conviction/sentence and of likely release or other foreseeable consequences such as deportation or extradition proceedings)	Yes <input type="checkbox"/> No <input type="checkbox"/> ...Not Known <input type="checkbox"/> If yes, please explain:
	Other (please provide information on any other legal action taken by or against the individual concerned including previous incarcerations and/or deportations or release from prison or if the individual is at large or a fugitive)	Yes <input type="checkbox"/> No <input type="checkbox"/> ...Not Known <input type="checkbox"/> If yes, please explain:
Existing INTERPOL Notices (please indicate if there are any INTERPOL notices issued for the individual at the request of your authorities)		Yes <input type="checkbox"/> No <input type="checkbox"/> ...Not Known <input type="checkbox"/> If yes, please explain: Can this information be released publicly or provided to a Member State(s) upon request? <input type="checkbox"/> No <input type="checkbox"/> Can be released publicly <input type="checkbox"/> Can be provided to Member State upon request
Other supplementary information		
Names of parents	Father's full name	
	Mother's full name	

I.E. KNOWN ASSETS

Please specify the relevant information available on funds and other financial assets or economic resources related to the individual (for example, information on all movable or immovable assets, financial and banking information, virtual assets, digital wallet address(es), etc.)

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

Height (cm)		Eye colour	
Weight (kg)		Hair colour	
Build (for example, heavy build)		Complexion	
Gender/Sex			

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

Photograph, sketch, computer image attached? (a picture may be included in an INTERPOL-UNSC Special Notice)	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 facial image - these details may be used for an INTERPOL-UNSC Special Notice)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, type(s):
Distinguishing marks and other physical characteristics (for example, scars, tattoos, missing fingers, missing limbs)	
Tribal /ethnic background	
Languages spoken (languages in which the individual is known to converse - please indicate whether native, fully competent or limited skills)	

I.G. – OTHER IDENTIFYING INFORMATION NOT SPECIFIED ABOVE

Social media credentials (all platforms)	
Other information	

II. BASIS FOR LISTING

Member States are requested to indicate in one or more of the fields below the association between the individual inscribed in section I of this form and ISIL or Al-Qaida (including on the ISIL (Da'esh) and Al-Qaida Sanctions List).

- Please include the permanent reference number(s) of those names which the individual is associated with that already appear on the ISIL (Da'esh) and Al-Qaida Sanctions List.
- In the event of the designation of this individual by the Committee, 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. If relevant, also incorporate listing criteria information into the Statement of Case in section III of this form.

(a) 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.

• Name(s) and permanent reference number(s) (QDi. or QDe.) on the ISIL (Da'esh) Al-Qaida Sanctions List (if applicable):

(b) Supplying, selling or transferring arms and related material to Al-Qaida, ISIL, or any cell, affiliate, splinter group or derivative thereof.

• Name(s) and permanent reference number(s) (QDi. or QDe.) on the ISIL (Da'esh) and Al-Qaida Sanctions List (if applicable):

(c) Recruiting for Al-Qaida, ISIL, or any cell, affiliate, splinter group or derivative thereof.

• Name(s) and permanent reference number(s) (QDi. or QDe.) on the ISIL (Da'esh) and Al-Qaida Sanctions List (if applicable):

(d) Otherwise supporting acts or activities of Al-Qaida, ISIL, or any cell, affiliate, splinter group or derivative thereof. • Name(s) and permanent reference number(s) (QDi. or QDe.) on the ISIL (Da'esh) and Al-Qaida Sanctions List (if applicable):

(e) Other acts or activities indicating association with Al-Qaida, ISIL, or any cell, affiliate, splinter group or derivative thereof.

• Name and permanent reference number(s) (QDi. or QDe.) on the ISIL (Da'esh) and Al-Qaida Sanctions List (if applicable):

• Nature of such acts or activities:

III. STATEMENT OF CASE

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.

III.A. STATEMENT OF CASE (RELEASABLE UPON REQUEST)

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, media, and admissions by subject; 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.

III.B. PARTS OF STATEMENT OF CASE IDENTIFIED AS BEING CONFIDENTIAL TO THE COMMITTEE

IV. IDENTITY OF DESIGNATING STATE

Pursuant to paragraph 46 of resolution 2253 (2015), Member States proposing a new listing shall specify if the Committee or the Ombudsperson may not make known the Member State’s status as a designating State.

Specify if the Committee or the Ombudsperson:

- May make known the Member State’s status as a designating State**
- May not make known the Member State’s status as a designating State**

V. INTERPOL COOPERATION

Pursuant to paragraph 45 of resolution 2253 (2015), Member States shall provide the Committee with as much relevant information as possible on the proposed name, in particular sufficient identifying information to allow for the accurate and positive identification of individuals, groups, undertakings and entities, and to the extent possible, the information required by INTERPOL to issue an INTERPOL-UNSC Special Notice.

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** of the above-mentioned individual (INTERPOL would then contact your country’s permanent mission to the United Nations in New York with the relevant inquiries).

- Yes**
- No**

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 contact directly the contact point below with the relevant inquiries).

- Yes**
- No**

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>	