

File No. 14012/06/2022/CFT-81

Government of India  
Ministry of Home Affairs  
(CFT Cell/CTCR Division)

North Block, New Delhi,  
Dated: the 15<sup>th</sup> March, 2023.

OFFICE MEMORANDUM

**Subject: - Procedure for proposing listing of an individual or organisation under UNSCR 1267 (1999), 1988 (2011) and 1989 (2011) Committees of the United Nations Security Council and delisting thereof - regarding.**

The Ministry of Home Affairs, Government of India proposes individual or organisation for listing under the UNSCR 1267 (1999), 1988 (2011) and 1989 (2011) Committees, in consultation with the Law Enforcement Agencies and other Security Agencies and Intelligence Agencies based on the designation criterion set out in the relevant UNSCRs on reasonable grounds. Such a proposal is subject to fulfillment of the conditions under Section 35 of the UAPA and is not contingent upon the existence of a criminal proceeding against the individual/ organisation.

2. The proposal for listing of individual/ organisation is then forwarded to the Ministry of External Affairs, Government of India for submission to the concerned Committee of the UNSCR in the prescribed format (copy enclosed), providing as much relevant information supporting the designation as possible.

3. The requests for de-listing can be made by the listed individual/ organisation directly to the office of the Ombudsperson established under the UNSCR 1904 (2009). The link for the de-listing procedure is available at <https://www.un.org/securitycouncil/ombudsperson/application>.

4. For submission of any delisting request by India, procedure as outlined in the UNSCR 1267 (1999), 1988 (2011) and 1989 (2011) Committee's guidelines is followed.

5. This is for information and necessary action by all concerned Departments/ Agencies.

Encl.: As stated above.

*Shinde*

(Deepak Shinde)

Deputy Secretary to the Government of India

# STANDARD FORM FOR LISTING OF INDIVIDUALS ON THE ISIL (DA'ESH) AND AL-QAIDA SANCTIONS LIST

Member States are requested to provide the following information to allow for the accurate and positive identification of the individual. Please leave blank any fields for which information is not available.

For additional information or assistance in completing the form, please contact the Analytical Support and Sanctions Monitoring Team at: email: 1267MT@un.org, telephone: 917-367-2315.

<b>I.A. KEY IDENTIFYING INFORMATION</b>	
<b>Full name</b> (in Latin script) (this is the main name under which the individual will be listed)	
<b>Name components</b> (Please write each part of the name 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 full name is accurately identified regardless of national naming conventions, so that, for example, last names are not mistaken for first names and vice versa, which affects the accuracy of matching the names. )	<b>Type of name component</b> (Please describe each part of the name 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.)
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<b>Comments</b>	
<b>Full name in original script</b> (if not Latin)	
<b>Language/Type of original script</b> (for example, Chinese, Cyrillic, Arabic, Pashtu)	
<b>Full name in other scripts</b> (Not original script but found in official documents. Please indicate script in parenthesis after for each name.)	
<b>Birth data</b>	Place (street, city, state/province, country): Day:                      Month:                      Year:                      Calendar:
<b>Alternative birth data</b> (related to the primary name, not other aliases)	Place (street, city, state/province, country): Day:                      Month:                      Year:                      Calendar:
	Place street, city, state/province, country): Day:                      Month:                      Year:                      Calendar:
	Place (street, city, state/province, country): Day:                      Month:                      Year:                      Calendar:
<b>Nationality or citizenship(s)</b> (For previous, or new, add date when granted, revoked, annulled, withdrawn, if known.)	Current:                      Dates:
	Previous:                      Dates:
<b>State of residence</b>	
<b>Address</b> (Please provide dates at address, if known)	Current (street, city, state/province, country):                      Dates:
	Previous (street, city, state/province, country):                      Dates:
<b>Location</b> (List operational areas or frequented)	Current (street, city, state/province, country):                      Dates:
	Previous (street, city, state/province, country):                      Dates:

locations, if different from address)	
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**I.B. IDENTITY AND TRAVEL DOCUMENTS**

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.

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

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

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

**I.C. ALIASES/AKAS**

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.

<b>Alias/Also-Known-As (AKA) Name</b> (in Latin script)	
<b>AKA components</b> (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.)	<b>Type of component</b> (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.)
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<b>Comments:</b>	
<b>AKA in original script</b> (if not Latin)	
<b>Language/Type of original script</b> (for example, Chinese, Cyrillic, Arabic, Pashtu)	
<b>AKA in other scripts</b> (Not original script but found in official documents. Please indicate script in parenthesis after for each name.)	
<b>Type of AKA</b>	<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:
<b>Is this AKA sufficient in itself for accurate and positive identification</b> , 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.	
<b>Birth data</b> (related to this name)	Place (street, city, state/province, country): Day:                      Month:                      Year:                      Calendar:
<b>Nationality, citizenship(s)</b> (related to this name)	Dates (current and previous):
<b>States of residence</b> (related to this name)	
<b>Address</b> (related to this name)	Dates (current and previous):
<b>Identity and travel documents</b> (Related to this name.)	<b>Document types, numbers, issuing authorities, comments:</b>
<b>Any additional information</b>	

<b>I.D. - OTHER INFORMATION</b>	
<b>Title(s)</b> (for example, honorary, professional, religious, academic or other title or hereditary status)	
<b>Employment / Occupation</b> (please provide dates and nature of employment, in particular regarding positions held in listed groups, undertakings or entities)	
<b>Marital status</b>	
<b>Status</b>	<b>Wanted / Subject to arrest warrant/Indicted</b> Yes <input type="checkbox"/> No <input type="checkbox"/> ...Not Known <input type="checkbox"/> If yes, please explain:
	<b>Detained</b> (please indicate whether individual is in detention, custody, or prison - if possible, please provide the date, location and circumstances of detention, and the date of likely release) Yes <input type="checkbox"/> No <input type="checkbox"/> ...Not Known <input type="checkbox"/> If yes, please explain:
	<b>Convicted / Sentenced</b> (please indicate whether the individual has been convicted, sentenced 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:
	<b>Other</b> (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:
<b>Existing INTERPOL Notices</b> (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	
<b>Other supplementary information</b>	
<b>Names of parents</b>	Father's name
	Mother's name

<b>I.E. – PHYSICAL DESCRIPTION</b> (these details may be used for an INTERPOL-UNSC Special Notice)			
<b>Height</b> (cm)		<b>Eye colour</b>	
<b>Weight</b> (kg)		<b>Hair colour</b>	
<b>Build</b> (for example, heavy build)		<b>Complexion</b>	
<b>Male/Female</b>			
<b>Photograph, sketch, computer image attached?</b> (a picture may be included in an INTERPOL-UNSC Special Notice)		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, type(s):	
<b>Other biometric identifiers attached?</b> (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):	
<b>Distinguishing marks and other physical characteristics</b> (for example, scars, tattoos, missing fingers)			
<b>Tribal / ethnic background</b>			
<b>Languages spoken</b> (languages in which the individual is known to converse - please indicate whether native, fully competent or limited skills)			

<b>I.F. – OTHER IDENTIFYING INFORMATION NOT SPECIFIED ABOVE</b>

## 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.

(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) 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) 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) 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) 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) 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 3346 of resolution 21612253 (20142015), 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 3245 of resolution 21612253 (20142015), 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>	