


**FORM FOR AN ENLISTED INDIVIDUAL (PETITIONER) REQUESTING THE
REVIEW OF DESIGNATION IN THE KINGDOM OF BAHRAIN**

Full Name (in Latin script, as to appear on the List)									
Name components (Please describe each part of the name)		Description of the name component							Other (e.g. mother's name) Please describe
		First Name	Father	Grandfather	Tribe	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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
Male / Female									
Nationality or citizenship(s)	Current								
	Previous (add dates)								
State(s) of residence	Current								
	Previous (add dates)								

Passport	Document number	
	Document Type	
	Date of Birth	
	Place of Birth	
	Date of Issue	
	Date of Expiry	
	Occupation	

National ID card	Document number	
	Expiry Date	


OTHER IDENTIFYING INFORMATION

Title(s)		
Employment / Occupation (please provide dates and positions held)		
Marital Status		
Address	Primary Address	
	Other Addresses	

POINT OF CONTACT

The individual(s) below may serve as a point-of-contact for further questions on this submission

Name:	Position/Title:
Contact details: Office: Address: Telephone number: Fax number: E-mail address:	

The petitioner must attach a detailed statement of justification for the delisting process.

The petitioner must report any information or suspicions as to the basis of his or her inclusion on the list.

The petitioner must attach copies of any documents supporting the statement.

If a person is completing the request on behalf of a listed individual, an authorization letter will be provided.

In the case that the petitioner seeks to unfreeze their assets after the official approval of the delisting request from the United Nations, proof of delisting will be sent to the Public Prosecution Office in order to complete the request in a timely manner.


**FORM FOR AN ENLISTED ENTITY REQUESTING THE REVIEW OF
DESIGNATION IN THE KINGDOM OF BAHRAIN**

Full Name (in Latin script, as to appear on the List)	Acronym:		
Type of Entity	Registered company / business	<input type="checkbox"/>	
	Registered non-profit organization	<input type="checkbox"/>	
	Registered group or affiliation	<input type="checkbox"/>	
	Unregistered company / business	<input type="checkbox"/>	
	Unregistered non-profit organization	<input type="checkbox"/>	
	Unregistered group or affiliation	<input type="checkbox"/>	
	Other <input type="checkbox"/> Please specify:		
Registration details and other information	Registering Government		
	Date of establishment	Day:	Month: Year:
	Branches/ subsidiaries		
	Organizational linkages		
	Head Office Address(s)		
	Phone		
	Fax		
	E-mail		
	Additional Information (Registration number)		

IDENTIFICATION INFORMATION OF ENTITY HEAD

Passport	Document number	
	Document Type	
	Date of Birth	
	Place of Birth	
	Date of Issue	
	Date of Expiry	
	Occupation	

National ID card	Document number	
	Expiry Date	


OTHER IDENTIFYING INFORMATION

Title(s)		
Employment / Occupation (please provide dates and positions held)		
Marital Status		
Address	Primary Address	
	Other Addresses	

POINT OF CONTACT

The individual(s) below may serve as a point-of-contact for further questions on this submission

Name:	Position/Title:
Contact details: Office: Address: Telephone number: Fax number: E-mail address:	

The entity must attach a detailed statement of justification for the delisting process.

The entity must report any information or suspicions as to the basis of his or her inclusion on the list.

The entity must attach copies of any documents supporting the statement.

If a person is completing the request on behalf of a listed entity, the head of the entity must complete an authorization letter.

In the case that the entity seeks to unfreeze their assets after the official approval of the delisting request from the United Nations, proof of delisting will be sent to the Public Prosecution Office in order to complete the request in a timely manner.



LETTER OF AUTHORIZATION FOR AN INDIVIDUAL

DATE

To Whom It May Concern,

I, _____, holder of Passport/National ID number _____, hereby authorize Mr/Ms _____ holder of Passport/National ID number _____ to act on my behalf in all manners relating to the designation review process, including signing of all documents related to this matter. Any and all acts carried out by Mr/Ms _____ on my behalf shall have the same affect as act of our own.

SIGNATURE OVER PRINTED NAME
PETITIONER

SIGNATURE OVER PRINTED NAME
AUTHORIZED REPRESENTATIVE

**LETTER OF AUTHORIZATION FOR ENTITIES**

DATE

To Whom It May Concern,

I, _____, Head of _____, holder of
Passport/National ID number _____, hereby authorize Mr/Ms
_____ holder of Passport/National ID number
_____ to act on my behalf in all manners relating to the
designation review process, including signing of all documents related to
this matter. Any and all acts carried out by Mr/Ms _____ on our
behalf shall have the same affect as of the entire entity.

SIGNATURE OVER PRINTED NAME
HEAD OF ENTITY

SIGNATURE OVER PRINTED NAME
AUTHORIZED REPRESENTATIVE