

Secretary of Defense Competent Authority for the Implementation of UNSCRs in Sri Lanka

Request for Use of Frozen Assets under the Designation on the Lists Established and Maintained Pursuant to:

United Nations Security Council Resolution 1373 (2001) – as per provisions under United Nations Regulations, No. 1 of 2012,

United Nations Security Council Resolution 1267 (1999) – as per provisions under United Nations Regulations, No. 2 of 2012,

United Nations Security Council Resolution 1718 (2006) – as per provisions under United Nations (Sanctions in relation to Democratic People's Republic of Korea) Regulations of 2017, and;

United Nations Security Council Resolution 2231 (2015) – as per provisions under United Nations (Sanctions in relation to Iran) Regulations No. 1 of 2018.

1. Applicable Regulation

| United Nations Regulations, No. 1 of 2012 | |
|---|--|
| United Nations Regulations, No. 2 of 2012 | |
| United Nations (Sanctions in relation to Democratic People's Republic of Korea) | |
| Regulations of 2017 | |
| United Nations (Sanctions in relation to Iran) Regulations No. 1 of 2018 | |

2. Details of the Designated Person/Entity

| i. | Photograph applicable for | (passport size | e photographs | taken | within | last | three | months) | - not |
|----|---------------------------|----------------|---------------|-------|--------|------|-------|---------|-------|
| | | | | | | | | | |

| Naı | me (as given in the Identification/Business Registration Documen |
|-----|--|
| Naı | me as given in the Designated List (if different from above): |
| | Passport/Driving License/Business Registration Number: ease strike out irrelevant options) |
| Occ | cupation/Nature of Business: |
| Per | manent Address: |
| Cor | respondent Address (if different from above): |
| | |
| | ntact Number: |
| Cor | itact (valide). |

Name i. ID/Passport/Driving License Number: ii. (Please strike out irrelevant options) iii. Designation Institution iv. Address of the Institution v. vi. Contact Number: Email: vii. Applicant's Relationship to the Designated Person viii.

3. Details of the Applicant (if the applicant is not the designated person)

4. Details of Frozen Assets:

Other (please specify):

| i. | i. Description of the Asset | | | | | |
|------|---|--|--|--|--|--|
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| ii. | Previous References to Authorities | | | | | |
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| iii. | Category of usage for the frozen funds (select all that applies): | | | | | |
| | Foodstuff | | | | | |
| | Medicines | | | | | |
| | Rent or mortgage | | | | | |
| | Fees and charges concerning medical treatment | | | | | |
| | Payment of taxes | | | | | |
| | Compulsory insurance premium | | | | | |

Fees for public utility services (gas, water, electricity, telecommunications)
Charges due to a financial institutions for the maintenance of accounts

Fees or service charges for routine holding or maintenance of frozen funds

Expenses associated with the provision of legal services

Supporting documents for selected usage should be attached to the application

| 5. I | Declara | ition | by | the | Desi | ignated | Person |
|------|---------|-------|----|-----|------|---------|--------|
|------|---------|-------|----|-----|------|---------|--------|

| I hereby dec best of my k | clare that the details provided in this application are true and correct to the nowledge. |
|------------------------------|---|
| Name: | |
| Signature: | |
| Date: | |
| 6. Declarat | ion by the Applicant (if the applicant is not the designated person) |
| I hereby dec best of my k | clare that the details provided in this application are true and correct to the nowledge. |
| Name: | |
| Signature: | |
| Date: | |
| 7. Certifica | te regarding Designated Person/Entity |
| - | f the designated person/entity (who is seeking to use the frozen assets) should be Notary Public |
| I hereby dec | clare that the details provided in this application are true and correct to the nowledge. |
| Name: | |
| Signature: | |
| Date: | |
| Official Stan | np: |

| 8. Additional Notes (if any) | |
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| | |
| Office Use Only | |
| Date Received: | |
| Application Number: | |
| Authorization Given (Yes / No): | |