**FINANCIAL SANCTIONS IMPLEMENTATION UNIT**

**Sanctions Review Request Form - Designated Persons**

This form is for persons subject to an interim or final terrorism designation, or persons acting on their behalf, under the Sanctions and Asset-Freezing (Jersey) Law 2019 ("**SAFL**”) to request a review of their designation under Article 25 of SAFL.

This form should be submitted:

* with proof of identity of the designated person;
* confirmation of your authority to act on behalf of the requester, if you are submitting the request for someone else; and
* evidence supporting the request.

Send your request to [sanctions@gov.je](mailto:sanctions@gov.je)

If you are unable to submit by email you may submit by post to:

**Financial Sanctions Implementation Unit**

19-21 Broad Street

St Helier

Jersey

JE2 3RR

For more information on completing this form please read the [request a sanctions review guidance](https://www.gov.je/Government/Departments/JerseyWorld/pages/sanctionsfaq.aspx#anchor-7) on gov.je.

For the purposes of this form, “designated person” is a person designated by the Minister for External Relations under Article 20 or Article 22 of SAFL.

**Please complete all sections of this form, unless otherwise indicated, to the best of your knowledge.**

Details of the designated person

|  |  |
| --- | --- |
| Full name: | *(complete as appropriate)* |
| Telephone number: | *(complete as appropriate)* |
| Email: | *(complete as appropriate)* |
| Postal address: | *(complete as appropriate)* |
| Correspondence address (if different): | *(complete as appropriate)* |
| If you are the designated person, and have provided proof of your identity please sign here: | *Signed:*  *Date:* |

Designated person ‘unique ID’ number (as available on the [Jersey Sanctions list](https://www.gov.je/Government/Departments/JerseyWorld/pages/sanctionsfaq.aspx#anchor-7)):

|  |
| --- |
| *(complete as appropriate)* |

Details relating to previous challenges

|  |  |
| --- | --- |
| Is this the first time a challenge regarding the designation of this person has been submitted? | *Delete as appropriate: Yes/No* |
| If ‘No’ provide the date of the previous challenge: | *(complete as appropriate)* |
| If ‘No’ explain the significant matter that was not previously considered and why it is significant: | *(complete as appropriate)* |

Nature of your challenge

This is an application for:

|  |  |
| --- | --- |
| A designation to be revoked | *Delete as appropriate: Yes/No* |
| A designation to be varied | *Delete as appropriate: Yes/No* |

Please complete the following, if you are requesting a variation of a designation

|  |  |
| --- | --- |
| What change do you believe should be made? | *(complete as appropriate)* |
| What is the reason you believe the designation should be varied or revoked? (Maximum 2000 words) | *(complete as appropriate)* |

I include the following evidence to support this claim:   
(please provide a numbered list with short summaries of the evidence provided   
with this form):

|  |  |
| --- | --- |
| Evidence number: | Evidence Summary: |
| *(complete as appropriate)* | *(complete as appropriate)* |

Declaration of Evidence Translation

If evidence has been translated into English, it will need to be certified as a true translation. This means it will need to include:

* a signed declaration by the translator;
* the date of the translation; and
* the full name and contact details of the translator.

Please complete the following if you are completing this form on behalf of the designated person

|  |  |
| --- | --- |
| I confirm that I have the authority to act on behalf of the designated person named and have provided evidence of that authority\*. This includes receiving correspondence regarding the request. | Signed:  Date: |
| Your full name: | *(complete as appropriate)* |
| Your relationship with the designated person: | *(complete as appropriate)* |
| Telephone number: | *(complete as appropriate)* |
| Email: | *(complete as appropriate)* |
| Postal address: | *(complete as appropriate)* |
| Correspondence address (if different): | *(complete as appropriate)* |

\*Please note that confirmation of authority to act should be a written statement signed by the designated person and stating that you have authority to act in relation to the review of their designation.

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