

PARTNER DECLARATION FORM - CFP Reference: CFP/3-2021-PPAB-ICOAST

| The purpose of this declaration is to determine whether the prospective Implementing Partner is | | |
|---|---|------------|
| committed to UN-Habitat's core values and its commitment to persons of concern. | | |
| Name of the Organization | Click or tap here to enter text. | |
| By answering yes, the organizati | on confirms that it is not sanctioned by the UN | ☐ Yes ☐ No |
| Security Council Committee on Sanctions pursuant to resolutions 751 (1992), 1267 | | |
| (1999), 1907 (2009) 1989 (2011) or any other subsequent resolutions, and that the | | |
| organization has not supported and does not support, directly or indirectly, individuals | | |
| and entities associated with those sanctioned by the Committee or any person | | |
| involved any other manner that is prohibited by a resolution of the United Nations | | |
| Security Council adopted under Chapter VII of the Charter of the United Nations. <u>UN</u> | | |
| Sanction List | | |
| By answering yes, the organization confirms that it is has not been charged with or | | ☐ Yes ☐ No |
| been complicit in criminal activities, including fraud, money laundering, crimes | | |
| against humanity and war crimes, and is not involved, nor has been involved in the | | |
| past, with such activities that would render the organization unsuitable for dealing | | |
| with UN-Habitat or working with persons of concern. | | |
| By answering yes, the organization commits that it will not discriminate against any | | ☐ Yes ☐ No |
| persons of concern, regardless of their race, religion, nationality, political opinion, | | |
| gender or social group | | |
| By answering yes, the organization confirms that it is willing to comply with all clauses | | ☐ Yes ☐ No |
| of the UN-Habitat's Agreement of Cooperation when implementing | | |
| UN-Habitat-funded Projects. | | |
| I declare, as an official representative of the above-named organization, that the inform these declarations and expression of interest is comp accurate, and I understand that it is subject to UN-H verification. | | lete and |
| Signature: | | |
| Name/title of the duly authorize Implementing Partner represent | | |
| Date: | Click or tap here to enter text. | |