

PARTNER DECLARATION FORM

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	
By answering yes, the organization confirms that it is not sanctioned by the UN 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. UN Sanction List	<input type="checkbox"/> Yes <input type="checkbox"/> No
By answering yes, the organization confirms that it is has not been charged with or 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
By answering yes, the organization commits that it will not discriminate against any persons of concern, regardless of their race, religion, nationality, political opinion, gender or social group	<input type="checkbox"/> Yes <input type="checkbox"/> No
By answering yes, the organization confirms that it is willing to comply with all clauses of the UN-Habitat’s Agreement of Cooperation when implementing UN-Habitat-funded Projects.	<input type="checkbox"/> Yes <input type="checkbox"/> No

I declare, as an official representative of the above-named organization, that the information provided in these declarations and expression of interest is complete and accurate, and I understand that it is subject to UN-Habitat verification.

Signature: _____

Name/title of the duly authorized
Implementing Partner representative: _____

Date: _____