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| **unodc cna DIRECTORY - UPDATE FORM # 15****Competent AUTHORITy** |
| PREVENTIVE ANTI-corruption body or bodies**United Nations Convention against corruption – article 6.3** |
| **Please provide information on the competent authority/authorities for the prevention of corruption, in accordance with article 6, paragraph 3 of the United Nations Convention against Corruption.** |
| **AUTHORITY** |
| 1) Name of Authority |  |
| 2) Name of service to be contacted |  |
| 3) Full postal address |  |
| 4) Telephone number |  |
| 5) Fax number |  |
| 6) 24 hour line if applicable |  |
| 7) E-mail address |  |
| 8) Website |  |
| 9) Office hours (from … to … lunch breaks from … to …) |  |
| 10) Time zone GMT +/-  |  |
| 11) Accepted languages for the requests  |  |
| 1. CONTACT PERSON
 |
| 12) Name |  |
| 13) Position |  |
| 14) Telephone number |  |
| 15) Mobile phone |  |
| 16) Fax number |  |
| 17) Email address |  |
| 17.a) Languages spoken |  |
|  | Check here to indicate that you authorize the United Nations Office on Drugs and Crime to use your personal data for inclusion in the password-protected Directory of Competent National Authorities. |
|  | 1. ADDITIONAL INFORMATION
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| 18) Please include any other additional information, such as specific areas of assistances |  |