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| **UNODC cnA DIRECTORY - UPDATE FORM # 5** **Competent AUTHORITY** | | | | | |
| AUTHORITY FOR transfer of sentenced persons **UNTOC – ARTICLE 17** | | | | | |
| **Please provide information on the authority dealing with requests for transfer of sentenced persons under article 17 of the United Nations Convention against Transnational Organized Crime.** | | | | | |
| **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 |  | | | | | |
|  | 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. | | | | | |
| **C. DOMESTIC LEGISLATION** | | | | | |
| 18) Please indicate the title/section of the domestic legislation that regulates the transfer of sentenced persons | |  | | | |
| **D. ADDITIONAL INFORMATION** | | | | | |
| 19) Please include information, if any, that could assist foreign jurisdictions to better understand the requirements of your country’s legal system regarding the transfer of sentenced persons | | |  | | |
| **E. content of the requests for transfer of sentenced persons** | | | | | |
| 20) Please list the information that is to be included in the request for transfer of sentenced persons, specifying the source (whether this information comes from a legal provision, an existing template/format/guideline or whether this is a summary drafted by the authority). | | | |  | |
| 21) Supporting document(s) to be attached to the request for transfer of sentenced persons | | | |  | |
| 1. MEANS AND CHANNELS ACCEPTED | | | | | |
| 22) Please indicate which of the following channels can be used for the submission of requests for transfer of sentenced persons | | | Courier/ postal mail \_\_\_  Email\_\_\_  Fax\_\_\_  Diplomatic channels\_\_\_  Liaison officers\_\_\_\_  Direct communication between authorities \_\_\_  Other channels (please indicate)\_\_\_ | | |
| 23) Acceptance of request through INTERPOL | | | | YES | NO |
| 1. URGENT CASES | | | | | |
| 24) Please indicate what channels are accepted in urgent cases (i.e. oral requests confirmed in writing forthwith, liaison officers, etc) | | |  | | |