Security Screening Request Form

*To reduce risk and ensure compliance with heightened screening requirements of various anti-money laundering (“AML”) and counter-terrorist financing (“CTF”) legislation and AML/CTF related donor obligations, CI is required to conduct due diligence for all CI grantees and service providers (“CI Funding Recipients”), which includes screening against international sanctions lists.  All potential CI Funding Recipients are therefore asked to complete the Security Screening Request Form (“Form”) before CI can enter into contractual agreements.*

*If a match between a screened name provided in the Form and one of the sanctions lists is identified, CI will request additional information (e.g., address or DOB) on a confidential basis to clear the match and verify funding eligibility.   
  
Any personal identifiable information provided as part of this Security Screening Request Form will be processed in accordance with applicable data protection laws and regulations. For more information on CI’s privacy practices, please see our privacy notice at* [*https://www.conservation.org/Pages/privacy.aspx*](https://www.conservation.org/Pages/privacy.aspx)*.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Legal Name of Individual or Entity:** | |  | | | |
| **2. Other names/acronyms of the entity:** | |  | | | |
| **3. Is the intended CI Funding Recipient an individual or a sole proprietor?** \_\_\_Yes \_\_\_ No  *If Yes, complete questions #5 and #6. If No, complete questions #4 and #5.* | | | | | |
| **4. Members of the Board of Directors:** *Provide full names in given name(s)/family name(s) format. Do not include titles or positions. Insert additional rows as necessary.***Example**: *Juan Alberto Sanchez Perez* | | | | | |
|  | | | |  | |
|  | | | |  | |
|  | | | |  | |
|  | | | |  | |
|  | | | |  | |
|  | | | |  | |
| **5. Staff members responsible for organizational management, project oversight, accounting and banking:** *Provide full names, in given name(s)/family name(s) format. If the entity does not have a person filling a position listed, leave it blank. List a person once only.* | | | | | |
| President |  | | Chief Financial Officer | |  |
| CEO |  | | Accountant | |  |
| Secretary-General |  | | Bookkeeper | |  |
| Executive Director |  | | Checks signed by: | |  |
| Project Manager |  | | (Other) | |  |
| (Other) |  | | (Other) | |  |
| (Other) |  | | (Other) | |  |
| (Other) |  | | (Other) | |  |
| **6. If the intended CI Funding Recipient is an individual or if the ultimate beneficiary of the CI funds is an individual, please complete the following section.**  Is the intended CI Funding Recipient, any of the intended CI Funding Recipient’s close family members, or any recipient of CI funds any of the below? The questions should be answered irrespective of rank (high rank/low rank) or whether the individual is compensated in his/her position as a government official or not, or serves in a full-time or part-time capacity.   * An official or employee of a government entity or any department, agency, or instrumentality thereof? \_\_\_\_\_\_ (Yes or No) * A political party, party official, or candidate for political office?   \_\_\_\_\_\_ (Yes or No)   * An official or employee of a public international organization such as the World Bank Group and the United Nations?   \_\_\_\_\_\_ (Yes or No)   * A person acting in an official capacity for or on behalf of any of the above, e.g. members of royal families, officers and employees of state-owned enterprises, close relatives, family members and associates of an official?   \_\_\_\_\_\_ (Yes or No)  If the answer is “Yes” to any of the above, please describe to what extent the intended CI Funding Recipient, a close family member of intended CI Funding Recipient, or recipient of CI funds under the proposed agreement is/are in a position to influence official decisions or acts that may have an impact on CI’s activities.:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

By signing this Form, the authorized representative of the potential CI Funding Recipient certifies that the information provided herein is true and accurate as of the date of signature. The authorized representative of the potential CI Funding Recipient understands that intentional inclusion of false, deceptive or fraudulent information on this Form or any omission of material information with an intent to deceive, constitutes fraud, and that CI considers such action to constitute grounds to terminate a contract for cause without notice or penalty, notwithstanding any provisions to the contrary in the interpretation of the proposed agreement between CI and the CI Funding Recipient.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_