|  |  |  |
| --- | --- | --- |
| **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 | | |
| 18) Please include any other additional information, such as specific areas of assistances |  | | |