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| **unodc cna directory - UPDATE FORM # 9****Competent AUTHORITy** | | |
| AUTHORITy FOR THE PREVENTION OF TRANSNATIONAL ORGANIZED CRIME **United Nations Convention against Transnational Organized Crime** **– article 31.6** | | |
| **Please provide information on the authority designated to assist other States Parties in developing measures to prevent transnational organized crime under article 31.6 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. | | |