

REQUEST PERFORMA FOR PLACEMENT OF NAME ON ECL
(TO BE PRESENTED BEFORE REVIEW COMMITTEE OF
MINISTRY OF INTERIOR ON ECL)

(A) IDENTITY PARTICULARS

1	Name	
2	Father/Husband Name	
3	CNIC #	
4	Passport #	
5	Visible Identity Mark if any	
6	Residential / Postal address	
7	Other Contact Details	A) email address B) mobile # C) phone #
8	Photograph (original)	

(B) REASONS FOR PLACING THE NAME ON ECL:

1	List of offences / charges.	(attach brief facts)
2	Date of initiation of investigation.	
3	Date of filing of FIR - Copy	
4	Is the person recommended for placement on ECL has	

	been nominated in the FIR	
	List of charges, if charge sheet has been issued.	
6	Any notice issued to the party/person.	
7	Grounds on which the placement of the person is needed, with evidential proofs	

NOTE: FOLLOWING PARAMETERS SHALL BE FOLLOWED FOR PLACEMENT ON ECL WITH REFERENCE TO ECL RULES-2010.

The grounds for placement shall be Espionage, subversion; acts of terrorism, conspiracy against state, Any act prejudicial to the integrity, security or defence of Pakistan, Drug trafficking / Human trafficking/money laundering, Persons belonging to proscribed organizations, deserters from a defence or security force or strategic organization, Corruption & misuse of authority causing loss to public exchequer or property (minimum Rs.50 Million), economic crimes involving public funds and institutional frauds, Tax/loan default or other state liability of more than Rs.50 Million or fraud in a public corporate entity (office holder as Director) subject to certificate by referring authority that the fraud amount is Rs.100 Million or more subject to satisfaction by a Committee constituted for the purpose.

8	Investigation report	attach copy
9	Is the challan submitted before court	Attach challan Report.
10	Status of the case in court	Attach Certified copy of Court Orders.
11	If proclaimed offender	Attach certified copy of Court Order
12	Amount involved in case of Economic Crime	

(C) PROVIDE ANY OTHER SUPPORTING DOCUMENTS:

- (i) _____
- (ii) _____
- (iii) _____

(D) NAME OF FOCAL PERSON:

NAME:

Designation.....

Telephone / Fax #.....

Mobile #.....

Email address.....