

COVER PAGE OF THE ANNUAL ARTICLE 7 REPORT

**NAME OF STATE [PARTY]:** LIECHTENSTEIN

**REPORTING PERIOD: 01/01/2025 to 31/12/2025**  
 (dd/mm/yyyy) (dd/mm/yyyy)

<p><b>Form A: National implementation measures:</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>changed</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>unchanged (last reporting: 2014)</td></tr> </table>	<input type="checkbox"/>	changed	<input checked="" type="checkbox"/>	unchanged (last reporting: 2014)	<p><b>Form F: Technical characteristics of anti-personnel mines:</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>changed</td></tr> <tr><td><input type="checkbox"/></td><td>unchanged (last reporting: yyyy)</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>non applicable</td></tr> </table>	<input type="checkbox"/>	changed	<input type="checkbox"/>	unchanged (last reporting: yyyy)	<input checked="" type="checkbox"/>	non applicable		
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<p><b>Form B: Stockpiled anti-personnel mines:</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>changed</td></tr> <tr><td><input type="checkbox"/></td><td>unchanged (last reporting: yyyy)</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>non applicable</td></tr> </table>	<input type="checkbox"/>	changed	<input type="checkbox"/>	unchanged (last reporting: yyyy)	<input checked="" type="checkbox"/>	non applicable	<p><b>Form G: Conversion or decommissioning of anti-personnel mine production facilities:</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>changed</td></tr> <tr><td><input type="checkbox"/></td><td>unchanged (last reporting: yyyy)</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>non applicable</td></tr> </table>	<input type="checkbox"/>	changed	<input type="checkbox"/>	unchanged (last reporting: yyyy)	<input checked="" type="checkbox"/>	non applicable
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<p><b>Form C: Anti-personnel mines retained or transferred for permitted purposes</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>Changed</td></tr> <tr><td><input type="checkbox"/></td><td>unchanged (last reporting: yyyy)</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>non applicable</td></tr> </table>	<input type="checkbox"/>	Changed	<input type="checkbox"/>	unchanged (last reporting: yyyy)	<input checked="" type="checkbox"/>	non applicable	<p><b>Form H: Victim assistance</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>changed</td></tr> <tr><td><input type="checkbox"/></td><td>unchanged (last reporting: yyyy)</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>non applicable</td></tr> </table>	<input type="checkbox"/>	changed	<input type="checkbox"/>	unchanged (last reporting: yyyy)	<input checked="" type="checkbox"/>	non applicable
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<p><b>Form D: Areas known or suspected to contain anti-personnel mines</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>Changed</td></tr> <tr><td><input type="checkbox"/></td><td>unchanged (last reporting: yyyy)</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>non applicable</td></tr> </table>	<input type="checkbox"/>	Changed	<input type="checkbox"/>	unchanged (last reporting: yyyy)	<input checked="" type="checkbox"/>	non applicable	<p><b>Form I: Cooperation and assistance</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>changed</td></tr> <tr><td><input type="checkbox"/></td><td>unchanged (last reporting: yyyy)</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>non applicable</td></tr> </table>	<input type="checkbox"/>	changed	<input type="checkbox"/>	unchanged (last reporting: yyyy)	<input checked="" type="checkbox"/>	non applicable
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<p><b>Form E: Mine risk education and reduction efforts</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>changed</td></tr> <tr><td><input type="checkbox"/></td><td>unchanged (last reporting: yyyy)</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>non applicable</td></tr> </table>	<input type="checkbox"/>	changed	<input type="checkbox"/>	unchanged (last reporting: yyyy)	<input checked="" type="checkbox"/>	non applicable	<p><b>Form J: Other Relevant Matters</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>changed</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>unchanged (last reporting: 2002)</td></tr> <tr><td><input type="checkbox"/></td><td>non applicable</td></tr> </table>	<input type="checkbox"/>	changed	<input checked="" type="checkbox"/>	unchanged (last reporting: 2002)	<input type="checkbox"/>	non applicable
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Notes on using the cover page:

If an indication is made on the cover sheet that the information to be provided with respect to a particular matter is **unchanged** in relationship to a previous year's report, the **date of submission** of the previous report should be clearly indicated.