

Unique Reference Number	
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PART II OF THE REGULATION OF INVESTIGATORY POWERS ACT 2000

CANCELLATION OF A DIRECTED SURVEILLANCE AUTHORISATION

Public Authority <i>(including full address)</i>	
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Name of Applicant		Unit/Branch/Division	
Full Address			
Contact Details			
Investigation/Operation Name (if applicable)			

Details of cancellation:

1. Explain the reason(s) for the cancellation of the authorisation:

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2. Explain the value of surveillance in the operation:

3. Authorising officer's statement.				
I, (insert name), hereby authorise the cancellation of the directed surveillance investigation/operation as detailed above.				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Name (Print)</td> <td style="width: 50%;">Grade</td> </tr> <tr> <td>Signature</td> <td>Date</td> </tr> </table>	Name (Print)	Grade	Signature	Date
Name (Print)	Grade			
Signature	Date			

4. Time and Date of when the authorising officer instructed the surveillance to cease.				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Date:</td> <td style="width: 50%;"></td> <td style="width: 25%;">Time:</td> <td style="width: 25%;"></td> </tr> </table>	Date:		Time:	
Date:		Time:		

5. Authorisation cancelled.	Date:	Time:
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