Unique Reference Number

PART II OF THE REGULATION OF INVESTIGATORY POWERS ACT 2000

REVIEW OF A DIRECTED SURVEILLANCE AUTHORISATION

Public Authority					
(including full address)					
A 12 4		Unit/Branch			
Applicant		/Division			
TO II A 11		7214151011			
Full Address					
Contact Details					
Operation Name		Operation Number*			
		*Filing Ref			
Date of		Expiry date of			
authorisation or last		authorisation or last			
renewal		renewal			
		Review Number			
Details of review:					
1. Review number and dates of any previous reviews.					
Review Number	Date				

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|--|

2. Summary of the investigation/operation to date, including what private information has been obtained and the value of the information so far obtained.				
3. Detail the reasons why it is necessary to continue with the directed surveillance.				
5. Detail the reasons why it is necessary to continue with the directed surveillance.				
4. Explain how the proposed activity is still proportionate to what it seeks to achieve.				
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2. Proposition of proposition with the proposition of the proposition				
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The proposed well ray to some proposed to the				
5. Detail any incidents of collateral intrusion and the likelihood of any further incidents of collateral intrusions occuring.				
5. Detail any incidents of collateral intrusion and the likelihood of any further incidents of collateral				
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6. Give details of any confidential information acquired or accessed and the likelihood of acquiring

confidential information.

APPENDIX 3(3)

		APPENDIA 3(3)
	Unique Reference Number	
	-	
7 Applicant's Details		
7. Applicant's Details		
N	m 131	
Name (Print)	Tel No	
a		
Grade/Rank	Date	
a		
Signature		
0 D : 000 I C		1 11 4
8. Review Officer's Comments,	including whether or not the directed surveilla	ance should continue.
9. Authorising Officer's Statem	ent.	
I [incomt name] handby agree	that the directed energillones investigation/o	manation as detailed above
	that the directed surveillance investigation/oplits next review/renewal][it should be cancelled in	
[should/should hot] continue [unti-	i its next review/renewarji it should be cancelled in	innediatery].
Name (Print)	Grade / Rank	
Time (I IIII)	Graut / Nank	
Signature	Date	
Dignature	Date	
10. Date of next review.		

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