Unique Reference Number
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## 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 III		7214151011			
Full Address					
<b>Contact Details</b>					
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.				
2 D.4-214b				
3. 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.				
1. 2. p. 1. 1. p.				
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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