

Unique Operation Reference Number* (*Filing Ref)	
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**PART II OF THE REGULATION OF INVESTIGATORY
POWERS ACT (RIPA) 2000**

**CANCELLATION OF AN AUTHORISATION FOR THE USE OR
CONDUCT OF A COVERT HUMAN INTELLIGENCE SOURCE**

Public Authority <i>(including full address)</i>	.
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Name of Applicant		Unit/Branch	
Full Address			
Contact Details			
Pseudonym or reference number of source			
Investigation/Operation Name (if applicable)			

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

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2. Explain the value of the source in the operation:

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3. Authorising officer's statement. THIS SHOULD IDENTIFY THE PSEUDONYM OR REFERENCE NUMBER OF THE SOURCE NOT THE TRUE IDENTITY.

I hereby authorise the cancellation of the use or conduct of the source as detailed above.

Name (Print)	Grade
Signature	Date

4. Time and Date of when the authorising officer instructed the use of the source to cease and the authorisation was cancelled.

Date:		Time:	
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