

Unique Reference Number	
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**Part II of the Regulation of Investigatory Powers Act 2000**

**Cancellation of a Directed Surveillance authorisation**

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

**Details of cancellation:**

<b>1. Explain the reason(s) for the cancellation of the authorisation:</b>

<b>Unique Reference Number</b>	
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<b>2. Explain the value of surveillance in the operation:</b>

<b>3. Authorising officer's statement.</b>
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I, [insert name], hereby authorise the cancellation of the directed surveillance investigation/operation as detailed above.

**Name (Print)** .....

**Grade** .....

**Signature** .....

**Date** .....

<b>4. Time and Date of when the authorising officer instructed the surveillance to cease.</b>
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<b>Date:</b>		<b>Time:</b>	
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<b>5. Authorisation cancelled.</b>	<b>Date:</b>	<b>Time:</b>
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