

Unique Operation Reference Number* (*Filing Ref)	
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APPENDIX 5b

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:

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

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

Name (Print)		Grade	
Signature		Date	

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

Date:		Time:	
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