



Chief Executive Officer
Gambling Control Authority

AUTHORISATION FORM

I, _____ (Applicant's name), authorize the Selection Panel for the above position to undertake all necessary background and verifications checks in relation to my application for the position of Chief Executive Officer, Gambling Control Authority.

I can be contacted for all matters relating to this position on the following:

- Home / Work Address: _____
- Telephone: _____
- Mobile: _____
- Email: _____

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Signature

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Date