

Chief Executive Officer Samoa Sports Facilities Authority

AUTHORISATION FORM	
I,	(Applicant's name), authorize the Selection Panel for the above
	fications checks in relation to my application for the position of
Chief Executive Officer, Samoa Sports Facilities Authorit	y.
I can be contacted for all matters relating to this position of	on the following:
Team be contacted for all matters relating to this position of	in the following.
Home / Work Address:	_
• Telephone:	_
• Mobile:	_
• Email:	
Signature	Date