

Signature

## General Manager Development Bank of Samoa

AUTHORISATION FORM	
I,	(Applicant's name), authorize the Selection Panel for the above
position to undertal	te all necessary background and verifications checks in relation to my application for the position of
General Manager, D	evelopment Bank of Samoa.
I can be contacted for	or all matters relating to this position on the following:
• Home / Wor	rk Address:
<ul><li>Telephone:</li></ul>	
<ul> <li>Mobile:</li> </ul>	
• Email:	

Date