



Managing Director  
Samoa Water 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 Managing Director, Samoa Water Authority.

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

- Home / Work Address: \_\_\_\_\_
- Telephone: \_\_\_\_\_
- Mobile: \_\_\_\_\_
- Email: \_\_\_\_\_

.....  
Signature

.....  
Date