



**General Manager  
Samoa Shipping Corporation**

**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 General Manager, Samoa Shipping Corporation .

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

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

<p>.....</p> <p><b>Signature</b></p>	<p>.....</p> <p><b>Date</b></p>
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