



**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 Samoa Water Authority, Samoa Water Authority .

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

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

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