



**General Manager
Development Bank of Samoa**

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, Development Bank of Samoa.

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

- Home / Work Address: _____
- Telephone: _____
- Mobile: _____
- Email: _____

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Signature

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Date