



**Chief Executive Officer
Samoa National Provident Fund**

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 Chief Executive Officer, Samoa National Provident Fund.

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