Chief Executive Officer
Samoa International Finance 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 Chief Executive Officer, Samoa International Finance Authority.

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

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

_____ Signature	_____ Date