



Chief Executive Officer
Scientific Research Organisation 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 Chief Executive Officer, Scientific Research Organization of Samoa.

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

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

Signature	Date
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