



General Manager  
Samoa Airport 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 General Manager, Samoa Airport Authority.

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

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

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|



*Government of Sāmoa*

*Authorization Form*  
*General Manager, SAA*