Chief Operating Officer
Samoa Airways

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 Operating Officer, Samoa Airways.

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

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

…… Signature	…… Date