General Manager
Samoa Life Assurance Corporation

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 Life Assurance Corporation.

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

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

_____ Signature	_____ Date