



PLEASE ADDRESS CORRESPONDENCE
TO THE GOVERNOR

CENTRAL BANK OF SAMOA

PO Box Private Bag, Apia, Samoa Ph: 685-34100 | Fax: 685-20293/24058 E-mail: centralbank@cbs.gov.ws Web: www.cbs.gov.ws

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 **Analyst – Inclusive Insurance Markets for SME's** at the CENTRAL BANK OF SAMOA.

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

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

..... Signature Date
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