

# SAMOA LAND CORPORATION LIMITED

P.O. Box 845

Telephone: 24881 / 24882 / 24883

Facsimile: [685] 24914

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**MANAGER LANDS DIVISION**  
**Samoa Land 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 the Manager Lands, Samoa Land Corporation

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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