

## Employee Referral Bonus | Claim Form

Your Details	
Full Name:	Job Title:
Brand:	Location / Store:

Details of your Referral	
Full Name:	Job Title:
Brand:	Location / Store:
When did your friend start in the business?	

Tell us a bit about how you know your referral:
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Referring Employee's e-Signature:	Date:
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### OFFICE USE ONLY

Form Actioned in Recruitment by:	Date:
Received and Actioned in Payroll by:	Date:

**Please ensure you fill out all fields in this form. This will ensure no delays in your claim.**

Email completed forms to [referrals@cottonon.com.au](mailto:referrals@cottonon.com.au)

or fax **ATTN: Chris (Group Careers)** to +61 3 5277 7001