



RSG Recruitment Reward Candidate Referral Form

Important: This form must be submitted to the Retail Stores Group prior to an applicant being selected as a RSG operator.

▼ RSG Operator name (your name)

▼ RSG Location (your current location)

▼ Name of the person you are referring:

▼ Home address of the person you are referring (including postal code):

▼ Which location or area would they prefer?

▼ How do you know the applicant (when/where did you meet them?)

▼ How long have you known the applicant?

▼ Why do you think this person(s) should be selected to operate a lottery kiosk?
