# ANNUAL WAGE REVIEW 2019–20

# SUBMISSION

# COVER SHEET

## Name:

(Please provide the name of the person lodging the submission)

Jos de Bruin……………………………………………………………………….

## Organisation:

(If this submission is completed on behalf of an organisation or group of individuals, please provide details)

Master Grocers Australia Limited ………………………………………………..………

## Address:

Street Address 1: Unit 5………………………………………………

Street Address 2: 1 Milton Parade ……………………………………

Suburb/City: Malvern, Victoria …………………………………..

Postcode: 3144…………………………………………………

## Contact details:

(Please provide details of your preferred contact telephone number and/or email address)

Telephone: 03 98244111………0419312723………………………………………..

Email: jos.debruin@mga.asn.au………………………………………………..