

ACKNOWLEDGEMENT FORM

I acknowledge receipt of a copy of the NISB HR Policy Manual. I confirm that I have read and fully understood, having been given the opportunity to seek necessary clarifications thereto and hereby accept the contents of this Policy Manual.

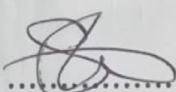
I pledge to willingly abide by all the Rules and Regulations contained herein as may be amended from time to time.

NAME ADGDAYO NIJANYI SUNDAY

DESIGNATION/RANK Executive Officer / 7 STEP 2

DEPARTMENT HUMAN RESOURCES MANAGEMENT

STAFF NUMBER: NSIB/P. 150

SIGNATURE/DATE:  4/08/2023