ACKNOWLEDGEMENT FORM

I acknowledge receipt of a copy of the NSIB 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 ABENOLE- OLD STELLA ADEDOYIN
DESIGNATION/RANK AIR-SAFETY DFFICER 1
DEPARTMENT OPERATION
STAFF NUMBER: NSIB/P. 266
SIGNATURE/DATE: 500 03/08/2023