

## 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 ....SAGOE, EKUA TEMITOPE.....

DESIGNATION/RANK ...PRINCIPAL PLANNING OFFICER.....

DEPARTMENT ...CORPORATE SERVICES.....

STAFF NUMBER: ...NSIB/P.87.....

SIGNATURE/DATE: ..........02-08-2023.....