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 IRINOYE, KOLAPO OYEKAMMI. | |
|--|-----------------|
| DESIGNATION/RANK ADMINISTRATIVE OFFICE | RI/PROTOCAL A09 |
| DEPARTMENT HYMAN RESOURCES | |
| STAFF NUMBER: NS1B/P.112 | 2/8/2023 |
| SICNATURE/DATE: | |