

### 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 ..... MIKINDCHA SYLVESTER A. .....

DESIGNATION/RANK ..... SENIOR WORKS SUPERINTENDENT/L9 .....

DEPARTMENT ..... TRANSPORT .....

STAFF NUMBER: ..... NISB/P37 .....

SIGNATURE/DATE: ..... [Signature] 3/8/2023 .....