

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.

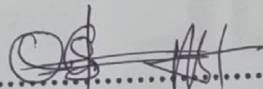
I pledge to willingly abide by all the Rules and Regulations contained herein as may be amended from time to time.

NAME OKOSUN OSEKEMEN DANIEL

DESIGNATION/RANK INTERNAL AUDITOR

DEPARTMENT IR INTERNAL AUDIT

STAFF NUMBER: NISB/P182

SIGNATURE/DATE:  3/8/2023