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 Oputa Oghenekome Ruth
DESIGNATION/RANK PUBLIC Affairs Office & 11/8-2
DEPARTMENT Public Affairs
STAFF NUMBER: NS(BIP. 15)
SIGNATURE/DATE: OPULS ' 03/08/2023