

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 OZIEGRE ODION SAMSON

DESIGNATION/RANK SENIOR WORKS SUPERINTENDENT

DEPARTMENT TRANSPORT

STAFF NUMBER: MSIB/P 41

SIGNATURE/DATE: Etea 3/8/2023