

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 IGULE-Ajunwa VICTORIA Ucha

DESIGNATION/RANK : CLERICAL OFFICE, GRADE 1

DEPARTMENT Admin ADMINISTRATION

STAFF NUMBER: AIB/P.158

SIGNATURE/DATE:  3/09/2023