## 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 AGBAYCHAN ANGLLA
DESIGNATION/RANK EXECUTIVE OFFICE?
DEPARTMENT PROCURCALENT
STAFF NUMBER: NSB P.157
SIGNATURE/DATE: 4 08 2023