

ACKNOWLEDGEMENT FORM

I acknowledge receipt of a copy of the NSIB 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 ORI BASSBY

DESIGNATION/RANK JFA

DEPARTMENT FSA

STAFF NUMBER: NSIB/P.19

SIGNATURE/DATE: [Signature] 2/08/2023