

## 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 ..... IORNONGU TERVER ABRAHAM

DESIGNATION/RANK ..... EXECUTIVE OFFICER ADMIN.

DEPARTMENT ..... HUMAN RESOURCES

STAFF NUMBER: ..... AIB/P. 161

SIGNATURE/DATE: ..... A. Iornongu 03/09/2023