## 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 ALCHARIA, WISDOM OSEGHA

DESIGNATION/RANK EXECUTIVE OFFICER

DEPARTMENT ACCOUNT

STAFF NUMBER: AIB/P/165

SIGNATURE/DATE ~~WIS~~ 4/9/2023