



NIGERIAN SAFETY INVESTIGATION BUREAU

P.M.B 7009, Area 1, Garki, Nnamdi Azikiwe International Airport, Abuja, Nigeria
Tel: +234-1-7430099, Mob: +234-8077090900 Hotline: +234-8077090909
Website: www.aib.gov.ng Email: commissioner@aib.gov.ng

Dear [NAME OF ADVISER],

[DATE]

LETTER OF ACCEPTANCE OF ADVISER

[ACCIDENT FILE NUMBER]
[AIRCRAFT REGISTRATION]
[LOCATION]

The Nigerian Safety Investigation Bureau (NSIB), *herein referred to as the Bureau*, is empowered to investigate aircraft accidents in Nigeria. The objective of the investigation is to advance aviation safety by identifying safety deficiencies and making recommendations designed to eliminate or reduce such deficiencies.

During the course of an accident investigation, the Bureau may authorize a person to participate as an adviser to an accredited representative when the person is designated as such by a Minister responsible for a government department having a direct interest in the investigation and/or another State Investigation Authority in the subject-matter of the investigation and should contribute to achieving the objective of the Bureau.

Pursuant to the provisions of sections 5.19 and 5.20 of the Civil Aviation (Investigation of Air Accidents and Incidents) Regulations. And pursuant to your designation by your State, you are hereby granted the status of an Adviser to assist the accredited representative of your State to make his/her participation in the afore-referenced investigation effective.

You shall be subject to the under the supervision of the accredited representative of your State, to participate in the investigation to the extent necessary.

Your attendance as an adviser to the accredited representative is subject to the following conditions:

- (a) you shall provide to the Bureau with all relevant information available to you; and
- (b) you shall not divulge information on the progress and the findings of the investigation without the express consent of the Bureau.

Failure to comply with any of the above conditions and responsibilities could result in the immediate revocation of your adviser status.

You should also understand that the privileges of an adviser will be exercised at your own risk.

Please sign and return the attached copy of this letter to the Investigator-in-charge, indicating your understanding and acceptance of the above-mentioned conditions and responsibilities.

Please accept the assurances of the highest regards of the Director General/CEO.

Yours truly,

[NAME OF SIGNATORY]

[Designation]

For: Director General/CEO

I understand and accept the conditions outlined above with respect to my attendance as an adviser at the subject investigation. I also understand that the privileges of an adviser to the accredited representative will be exercised at my own risk, and I hereby agree to indemnify and save harmless the Accident Investigation Bureau for any damage or injuries I may suffer as a result of my attending the investigation as an adviser to the accredited representative.

Signed:

[NAME OF SIGNATORY]

[Designation]