



Application Details

ML 15R

Application Id	25022021833292	Application Date (dd/mm/yyyy)	25/02/2021
Application Type	Renew DL Application	Validity Period	5- Years
Class of Licence Applied for	D	Do you want to recapture?	No
Reason for Renew	Expired	Comments	ok
D/L Number	JJJ60871AA18	First State of Issuance	Lagos
First Issued Date (dd/mm/yyyy)	05/12/2018	Expiry Date (dd/mm/yyyy)	22/02/2026

Personal Details

Applicant's Name	Chijioke Victus Ofoma	Mother's Maiden Name	ANANWA
Gender	Male	Height (In Meters)	1.7
Date of Birth (dd/mm/yyyy)	22/02/1986	Blood Group	O+
Tax Identification Number (TIN)	NA	State of Origin	Anambra
LGA of Origin	Ekwusigo	Nationality	Nigeria
Facial Mark	No	Do you require glasses for driving?	No
NIN Number	18492548586	Any Form of Disability	No

Contact Details

Mobile Number	07036280310	Next of Kin Phone Number	08034328276
Email Address	revfrofoaaugustine@gmail.com		

Residential Address

Address Line1	58,,IRE AKARI ESTATE ROAD	Address Line2	NA
City	ISOLO	State	Lagos
Local Government Area (LGA)	Oshodi/Isolo	Postal Code	NA

Mailing Address

Address Line1	58,,IRE AKARI ESTATE ROAD	Address Line2	NA
City	ISOLO	State	Lagos
Local Government Area (LGA)	Oshodi/Isolo	Postal Code	NA

Payment Details

Payment Status	Payment Confirmed	Validation Number	14749355785
Payment Gateway	InnovateIPay (Card)	Payment Date (dd/mm/yyyy)	25/02/2021

Processing Details

State	Lagos	Local Government Area (LGA)	Oshodi/Isolo
Capture Center	Oshodi_Bolade		

I declare that the information provided in this document is true and binding on me. I will notify the appropriate authorities of any changes therein.

Applicant Signature / Date

For Official Use only: Processing State Board of Internal Revenue Officer's Details

Have you checked payment status? (Fill in 'Yes' or 'No'): _____

I hereby declare that the applicant has made payment for this transaction and affirm here that this information is true to the best of my knowledge.

State BIR Officer's Name

Signature / Date

For Official Use only: Road Traffic Officer's Details

Vision Test Result: _____

Date of Test: _____

Does applicant require glasses to drive? (Fill in 'Yes' or 'No')

Have you checked all the details given by the applicant? (Fill in 'Yes' or 'No') _____

Do you recommend issuing licence? (Fill in 'Yes' or 'No') _____

If yes, indicate Class(es): _____

Ref: No Road Traffic Officer

I hereby declare and affirm that all the information stated on this form are true to the best of my knowledge.

Test Officer's Name

Authorizing Officer's Name

Signature / Date

Signature / Date