

ML 15R

### Application Details

<b>Application Id</b>	17102022784432	<b>Application Date (dd/mm/yyyy)</b>	17/10/2022
<b>Application Type</b>	Renew DL Application	<b>Validity Period</b>	5-Years
<b>Class of Licence Applied for</b>	B	<b>Do you want to recapture?</b> <i>You are expected to visit your selected DLC to complete your application.</i>	Yes
<b>Reason for Renew</b>	Expired	<b>Comments</b>	I want to renew my licence
<b>D/L Number</b>	CAL05496AA01	<b>First State of Issuance</b>	Cross River
<b>First Issued Date (dd/mm/yyyy)</b>	31/10/2004		

### Personal Details

<b>Applicant's Name</b>	Emmanuel Oku Effa	<b>Mother's Maiden Name</b>	MKPANG
<b>Gender</b>	Male	<b>Height (In Meters)</b>	1.65
<b>Date of Birth (dd/mm/yyyy)</b>	01/10/1961	<b>Blood Group</b>	O+
<b>Tax Identification Number (TIN)</b>	NA	<b>State of Origin</b>	Cross River
<b>LGA of Origin</b>	Odukpani	<b>Nationality</b>	Nigeria
<b>Facial Mark</b>	No	<b>Do you require glasses for driving?</b>	No
<b>NIN Number</b>	NA	<b>Any Form of Disability</b>	No

### Contact Details

<b>Mobile Number</b>	07030566366	<b>Next of Kin Phone Number</b>	07030381399
<b>Email Address</b>	NA		

### Residential Address

<b>Address Line1</b>	48 Joseph Mkpang Ikot Ansa	<b>Address Line2</b>	Municipality Calabar
<b>City</b>	CALABAR	<b>State</b>	Cross River
<b>Local Government Area (LGA)</b>	Abi	<b>Postal Code</b>	NA

### Mailing Address

<b>Address Line1</b>	ECM Terminals Ltd	<b>Address Line2</b>	NA
<b>City</b>	CALABAR	<b>State</b>	Cross River
<b>Local Government Area (LGA)</b>	Abi	<b>Postal Code</b>	NA

### Payment Details

<b>Payment Status</b>	Payment Pending	<b>Validation Number</b>	NA
<b>Payment Gateway</b>	NA	<b>Payment Date (dd/mm/yyyy)</b>	NA

### Processing Details

<b>State</b>	Cross River	<b>Local Government Area (LGA)</b>	Calabar Municipal
<b>Capture Center</b>	Calabar		

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

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**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

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**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

**[Application is valid for 3 months from the date of application.]**