



ML 15R

Application Details				ML 15R
Application Id	11022025853448	Application Date (dd/mm/yyyy)	11/02/2025	
Application Type	Renew DL Application	Validity Period	5-Years	
Class of Licence Applied for	B	Do you want to recapture?	No	
Reason for Renew	Expired	Comments	RENEWAL	
D/L Number	ABC26100AE09	First State of Issuance	FCT	
First Issued Date (dd/mm/yyyy)	17/11/2022	Expiry Date (dd/mm/yyyy)	01/01/2030	
Personal Details				
Applicant's Name	Sunday Sule	Mother's Maiden Name	Lami	
Gender	Male	Height (In Meters)	1.75	
Date of Birth (dd/mm/yyyy)	01/01/1988	Blood Group	O+	
Tax Identification Number (TIN)	NA	State of Origin	Kaduna	
LGA of Origin	Jema-a	Nationality	Nigeria	
Facial Mark	No	Do you require glasses for driving?	No	
NIN Number	25724561432	Any Form of Disability	No	
Contact Details				
Mobile Number	08033517477	Next of Kin Phone Number	07032934170	
Email Address	NA			
Residential Address				
Address Line1	Daki Biyu Fct Abuja	Address Line2	NA	
City	ABUJA	State	FCT	
Local Government Area (LGA)	Municipal Area Council	Postal Code	NA	
Mailing Address				
Address Line1	Daki Biyu Fct Abuja	Address Line2	NA	
City	ABUJA	State	FCT	
Local Government Area (LGA)	Municipal Area Council	Postal Code	NA	
Payment Details				
Payment Status	Payment Confirmed	Validation Number	173928068263362	
Payment Gateway	TeasyPay	Payment Date (dd/mm/yyyy)	11/02/2025	
Processing Details				
State	FCT	Local Government Area (LGA)	Municipal Area Council	
Capture Center	Mabushi			

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.

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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**