

#### 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.

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
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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