

Driving License Renewal Form
[See section 12(2) of M.V.O 1965]

I _____ S/O _____

CNIC No. _____ R/O _____

Hereby apply for the renewal of my driving license No. _____

Dated ____ / ____ / ____ . Issued by Motor Licensing Authority _____

I also hereby declare that I am not subject to any disease or disability likely to cause my driving of a motor vehicle to be a source of danger to the public.

Nominee Information

I hereby authorize _____ S/O _____

CNIC No. _____ Mobile No. _____

to deposit my renewal fee and collect my driving license card.

Date: ____ / ____ / ____ .

Applicant Signature