(TO BE PUBLISHED IN PART IV OF THE DELHI GAZETTE EXTRAORDINARY)

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI DEPARTMENT OF TRADE & TAXES VYAPAR BHAWAN: I.P. ESTATE: NEW DELHI-110 002

No.F.3(352)/Policy/VAT/2013/585-596

NOTIFICATION

Whereas, it is mandatory for all registered dealers to inform the Commissioner about any change effected in the registration particulars.

- 2. Therefore, I, Sanjeev Khirwar, Commissioner, Value Added Tax, Government of National Capital Territory of Delhi, without prejudice to legal provisions under DVAT Act, 2004 and DVAT Rules, 2005, consider it necessary that the dealer profile of all the registered dealers should be updated.
- 3. Now, therefore, in exercise of the powers conferred on me by sub-section(1) read with sub section(2) and (3) of section 70 and sub section (2) of section 59 of the said Act, I direct that the registered dealers who have not filed information in Form DP-1 till date, shall file information online in Form DP-1. The dealers who have filed the information already can also update the information through edit facility and attach scanned copy of the signature sheet after getting it duly signed.
- 4. The information so filed/updated shall be treated as request for amendment in the registration particulars at par with Application in Form DVAT-07/Form 11 and would be accepted as such. However, the dealers who have changed the constitution of their business shall file hard copy of the acknowledgement, generated at the time of submission of DP-1 form online, alongwith supporting legal document(s) in the ward concerned. Other dealers shall keep the acknowledgment with them for further reference.
- 5. On filling up/editing Form DP-1, a signature sheet of signatories/authorised signatories should be printed from the web site by clicking on "download signature sheet". After getting the sheet duly signed, scanned copy of the same shall be uploaded in pdf by clicking on "upload signature sheet". Thereafter, the complete Form DP-1 shall be submitted by clicking on "submit" button.
- 1. The filing/updating process shall commence from the date of issuance of this notification and shall continue upto 31st March, 2015.
 - 2. Copy of Form DP-1 is annexed with the notification.
 - 3. The notification comes into force with immediate effect.

(Sanjeev Khirwar) Commissioner, Value Added Tax

Dated: 15.12.2014

Department of Trade and Taxes Government of NCT of Delhi

DP-1 PART - A Registration Details

1.TIN															
2. Full Nam	e of Applicant De	aler													
(Business)	Name)														
2A. Trade n	ame, if any (other	r than Busine	ess												
Name)															
	rd (Existing).														
	ard (As per phy	ysical locati	on of	Prin	cipal p	plac	e o	f							
business):															
	having TAN		<u> </u>	Yes □	No										
(i) If Yes															
6. Nature of one, if app	Business (check roblicable)	nore than													
□ Manu-	□ Wholesale	□ Retail	□ Rigl	ht to	□ Wo	rks	ПE	X-		Imp	orter		Oth	ners	\neg
facturer	Trader	Trader	Use/I	Lease	Contr	: -	por	ter		_		(9	spec	ify)	
					actor										
											state		Inte	er-	
									Sel	ler			tate		
												P	urcl	nasei	
7. Constitu	ution of Business														
	Proprietorsh	ip 🖵 Priv	ate Lt	d. Co	mpany			l Pul	blic S	Secto	or Uı	nder	taki	ng	
	□ Partnership		vernme oany/D					⊒ Go	vern	men	t Co	rpor	atio	n	
	□ HUF	□ Pub	olic Ltc	l. Cor	npany			Go	vern	men	t De	oartı	men	t	
	□ Society	□ Clu			F <i>J</i>			Tru						-	
	•		·U					110	131						\dashv
	☐ Others, plea	se specify													
8 Permanen	t Account Numbe	r of the appli	cant de	aaler ((DAN)								$\overline{\mathbf{I}}$		\neg
					1										_
·	name of Applicar re) is different fro rd'		-			L	⊒ Ye	S			NO				
ii). If Yes, N	Name appearing or	n PAN Card													
· · · · · · · · · · · · · · · · · · ·							I				•				
9. Whether	Registered under (Central Excis	se Act			,				Yes	S		[□No)
9(a). If yes Act	, Registration Nu	mber under (Centra	l Exc	ise										
10. Whether	r Registered under	Service Tax			<u>, </u>	_				Yes	S		[□No)
(i). If yes,	Registration Num	ber under Sei	vice T	ax											

11. Whe	ther Registered f				□ Yes				□No					
(i). If y	es, IEC Code													
12. Add	ress of Principal	Building Nan	ne/Number				ĺ							
Place of	Business (To	Floor												
be used	for service of	Area/ Road	Area/ Road											
physical	notice, if any.)	Locality/Mar	ket											
		City												
		District												
		State												
		Pin Code												
		Email Id												
		Telephone Nu	ımber											
		Mobile Numb												
		Fax Number												
		Area in Sq. M												
		_												
		Area in Sq. M	Its											
		(Covered)												
13. Numb	er of additional	places of busi	ness within or							Withi Delhi		Outside Delhi		
outside	e Delhi			Goo	down / '	Wareh	ouse			Denn		Denn		
				Fac	tory									
				Sho	р									
				Acc	counts (Office								
				Cor	porate	Office								
				Other place(s) of business										
		items you deal or Description of items Commod							dity	Code	· .			
	o deal in (1-high	est volume to 3												
lowest voi	lume)		2											
			3											
			4											
			5					<u> </u>			<u> </u>			
15. List o	f Commodities d	lealt in inter-sta	ate business											
Sl.No.	Type of Transa		Name of		Code			I	Purp	ose				
	(sale/purchase)		Commodity											
			3		4					5				

16 Details of all Bank Accounts	Name of Bank	Account Number	IFSC	Address of
			Code	Bank
	1.			
	2.			
	3.			
	4.			
	5.			

such person) 18. Details of Managers (if proprietor/partner/director are acting as manager, their names show mentioned here. A. Name of Manager C.Father's Name D.Aadhaar/UID E.Address											
Manager											
mentioned here. A. Name of Manager C.Father's Name D.Aadhaar/UID E.Address B.Date of Birth B.Date of Birth											
mentioned here. A. Name of Manager C.Father's Name D.Aadhaar/UID E.Address B.Date of Birth B.Date of Birth											
C.Father's Name D.Aadhaar/UID E.Address	ld be										
D.Aadhaar/UID E.Address											
E.Address	C.Father's Name .										
F. PAN											
10. Name of Anthorizad											
19. Name of Authorized Signatory First Name Middle Name Surnam											
Signatory First Name Middle Name Surnam	е										
Please complete Part D											
20. Counsel details											
A. Counsel Name											
First Name Middle Name Surnar	ne										
B. Counsel Mobile Number											
C. Counsel Email ID											
D.Status - Advocate/CA/STP											

Form DP-1 PART - B

Particulars of Person [Proprietor/ Karta/ Partners/ Directors in the Business / Members of Executive Committee of Societies, Clubs etc]having Interest in the Business

1. Full Name of Applicant Dealer																				
2. Full Name of per	son havir	o inte	rest i	n		<u> </u>						1	1		1		T	T^{\perp}		
business	son navn	ig into	1050 1	11											-		+	+	_	_
Designation										1		1						1		
Designation																				
3. Date of birth / 4. Gend						ende	er (C	Chec	ck E	Ø or	ıe)		□ l	Mal	e		ma	le		
5. Father's Name													$\overline{}$							
	First Name							N	Mid	dle	Nan	ne	Surname							
6. E-mail address		l .				Jniq	ue Io													
o. 2 man address						ADF														
8. PAN :						9. Pa	sspo	ort N	lo.											
Whether He/She is a	uthorised	signa									Zes .		Ţ	<u> </u>						
10. Residential Add				Nam	e/ N	umbe	er													
			a/ Ro																	
				/Mark	cet												-			
		City	•																	ı
		Dist																	1	
		Stat																ı		
		Pin	Code	2										1		i				
		e-m										I								
				Numb	er															
				ne Nu		r														
			Nun			•														
☐ If permanent addr	ess is san				addr	ess			1					1	<u> </u>					
11. Permanent Addı				Name			r													
(If different		Area			5, 110		•													
residential address				Marko	≏t															
	,	City		viaik																
		Dist																		
		State																		
		Pin (<u> </u>				
		e-ma							1					1						
		Mobile Number																\Box		
		Telephone Number												\vdash		\dashv				
		Fax Number												\vdash		\dashv				

12. Whether having interest in other firm/		[□ Ye	es		No			
company registered under DVAT Act.									
I.Name									
II.Address									
(a)Building Name/Number									
(b) Area/Road									
(c) Locality/Market									
(d) City									
(e) District									
(f) State									
(g)Pincode									
(h) e-mail									
(i)Telephone/Mobile No.									
(j) Fax Number									
III. TIN									
IV. Status									
Registration Status									

Form DP-1

PART-C Details of Additional Places of Business

In case of multiple branches in a state oth	er thai	n D	elhi	, det	ails	of th	ne pr	incip	oal p	lace	of b	usin	ess i	n
that state are required to be furnished.														
Full Name of Applicant Dealer														
2. TIN											\bot	\bot		
3. Place of Business											\bot	\bot		
4.Nature of use														
Type Godown / Factory Swarehouse	Shop			rpora	ite		Acc Off	ount	ES .		Oth	er pl usine		of
Address														
(a) Building Name/ Number														
(b)Floor														
(c)Area/ Road														
(d)Locality/ Market														
	!!					<u> </u>	1	<u> </u>		<u> </u>			I	
(e) Distt.												1		
(f)State														+
(g)Pin Code														
(h)Email Id														Т
(i)Mobile Number														T
(j)Telephone Number														1
(k)Fax Number														T
5. Area in Sq. Mts (Open)				1				l	l					
6. Ared in Sq.Mts (Covered)					1									
7.Date of establishment	T		/			/								
7.Date of establishment	Da	V	'	Mo	nth	┪′		Ye	ear					
8. Whether place of business is situated		Yes	<u> </u>	1110	11111			1 (Jo.				
outside Delhi		105								10				
A.State local sales tax/ VAT/CST														
Registration Number (if place of business is														
situated outside Delhi)														
9. Ward														
10. Whether any other firm functioning from	from													
same premises														
A. TIN														
B. Ward														

Form DP-1 PART-D

Particulars of Authorized Signatories

1.Full Name of Applicant Dealer (Business Name)			
2(a)Name of Author Signatory (Provide in order of first named middle name, surname) (b) Designation			
3. Date of birth	/ 4. Gende one)	er (<i>Check</i> ☑ □ Male	Female
5. Father's Name	First Name M	iddle Name	Surname
6. E-mail address	7. Unique (AADHAA)	Identification R) No.	
8. PAN :	9. Passpoi	rt No.	
10. Residential Address (If different from principal place of business) Is permanent address same as	Building Name/ Number Area/ Road Locality/ Market Distt. State Pin Code Mobile Number Telephone Number State E-mail Fax Number residential address		
11. Permanent Address (If different from residential address)	Building Name/ Number Area/ Road Locality/ Market Distt. State Pin Code Mobile Number Telephone Number State E-mail Fax Number		

12. Whether having interest in other firm/company, registered in Delhi or outside Delhi	, □Yes □No												
(i) Name of firm/company													
(ii) Address of firm/company													
- '													
(iii) TIN													
(iv) Status in that Firm/Company													
(v) Registration Status (Regd /Cancelled)													

Signature Sheet		
TIN:	Date:	
Name:		
1.		
2.		
3.		
4.		
Address:		