

**(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/2013/371-382

Dated:05/07/2013

NOTIFICATION

In partial modification to Notification No. F.3(352)/Policy/VAT/2013/231-241 dated 28/05/2013 and No. F.3(352)/Policy/VAT/2013/314-324 dated 20/06/2013 regarding submission of information online in Form DP-1, I, Prashant Goyal, Commissioner, Value Added Tax, Government of National Capital Territory of Delhi, 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 Delhi Value Added Tax Act, 2004, do hereby notify the revised Form DP-1, which is annexed with this notification. Further, the DP-1 shall be submitted by the dealers as per following revised schedule:

Class of dealers	Last date for submission of information online in Form DP-1
Dealers having GTO \geq Rs.50 lacs in the year 2012-13	07/08/2013
Dealers having GTO \geq Rs.25 lacs and < Rs.50 lacs in the year 2012-13	14.08.2013
Dealers having GTO < Rs.25 lacs in the year 2012-13.	21.08.2013

**(PRASHANT GOYAL)
COMMISSIONER, VALUE ADDED TAX**

No.F.3(352)/Policy/VAT/2013/371-382

Dated:05/07/2013

Copy forwarded for information and necessary action to:-

1. The Pr. Secretary (Finance) Finance Deptt., Govt. of NCT of Delhi, Delhi Sachivalaya, New Delhi.
2. The Pr. Secretary (GAD), Govt. of NCT of Delhi, Delhi Sachivalaya, New Delhi with one spare copy for publication in Delhi Gazette Part-IV (extraordinary) in today's date
3. The Pr. Secretary to Hon'ble Chief Minister, Govt. of NCT of Delhi, Delhi Sachivalaya, New Delhi.
4. All Special / Addl./ Joint Commissioners, Deptt. of Trade & Taxes, Vyapar Bhawan, I.P. Estate, New Delhi.
5. Addl. Commissioner (PR), Deptt. of Trade & Taxes, Vyapar Bhawan, I.P. Estate, New Delhi.
6. Deputy Director (Policy), Deptt. of Trade & Taxes, Vyapar Bhawan, I.P. Estate, New Delhi.

7. Programmer (EDP), Deptt. of Trade & Taxes, Vyapar Bhawan, I.P. Estate, New Delhi.
8. Registrar, Sales Tax Appellate Tribunal, Deptt. of Trade & Taxes, Vyapar Bhawan, I.P.Estate, New Delhi.
9. President, Sales Tax Bar Association (Regd.) Deptt. of Trade & Taxes, Vyapar Bhawan, I.P. Estate, New Delhi.
10. VATOs/AVATOs, Department of Trade & Taxes, , Vyapar Bhawan, I.P. Estate, New Delhi.
11. P.S. to the Commissioner, VAT, Deptt. of Trade & Taxes, Vyapar Bhawan, I.P. Estate, New Delhi.
12. Guard File.

(Vijay Chandna)
VATO(Policy)

Form DP-1

All fields mark with(*) are mandatory

1.A. TIN :

B. Full name of applicant Dealer(Business name):*

C. Ward No.:*

C (i). Ward where record exist in DVAT:

C (ii). Ward as per physical location of principal place of business:

D. Date of Original Registration(Date of Validity):*



(DD-MM-YYYY)

2. Nature Of Business (Check more than one, if applicable):*

☐ Other te purchaser

Please specify : (in case of other)

3. Constitution of Business:*

4. A. Whether opted for Composition Scheme under section 16 of the Act (for 2013-14):*

☐ No

B. Rate of Tax under Composition Scheme(Tick one or more as applicable) :

☐ 6%

5. Annual Turnover category

A.Turnover in Preceding year :*	<input type="text"/>
B. Whether dealt in only intrastate(Local) sales/purchases transactions during:	
(i) 2010-11:*	<input type="radio"/> No
(ii) 2011-12:*	<input type="radio"/> No
(iii) 2012-13:*	<input type="radio"/> No
C. Expected Turnover in 2013-14 :	<input type="text"/>
6. A. PAN:*	<input type="text"/>
B. If the name on PAN card is different from 1B,	
(i) then Name appearing on PAN Card:	<input type="text"/>
C. If Dealer is proprietorship Concern	
(i). Name of the Proprietor/HUF:*	<input type="text"/>
(ii). Proprietor's PAN :*	<input type="text"/>
7. A. Whether registered with Central Excise:*	<input type="radio"/> No
(i) Central Excise Registration No.:*	<input type="text"/>
B. Whether registered under Services Tax	<input type="radio"/> No
(i) Service Tax Registration No.:*	<input type="text"/>

C. Whether registered for IEC:*		<input type="radio"/> No	
(i) Import Export Code (IEC)No.:*		<input type="text"/>	
8.Address of Principal Place Of Business(to be used for service of physical notice, if any):			
(a) Building Name/Number:*		<input type="text"/>	
(b) Floor :*		<input type="text"/>	
(c) Area/Road:*		<input type="text"/>	
(d) Locality/Market:*		<input type="text"/>	
(e) City:*		<input type="text"/>	
(f) District:	<input type="text"/>	(g) State:*	<input type="text"/>
(h) PIN Code:*	<input type="text"/>	(i) E-mail Id:*	<input type="text"/>
(j) Contact No.:*	<input type="text"/>	(k) Fax No.:	<input type="text"/>
(l)Approx. area in square Meters(Open):*		<input type="text"/>	
(m)Approx. area in square Meters(Covered):*		<input type="text"/>	
9. Whether using any, third party Storage Facility:		<input type="radio"/> No	
(a). Address of third party Storage Facility being used in Delhi or outside (for Delhi stocks),if any:		<input type="text"/>	
10. Details of all Bank Accounts:			

(a) Account Number:*	<input type="text"/>		
(b) Name Of Bank:*	<input type="text"/>	(c)IFSC Code:*	<input type="text"/>
(d) Branch:*	<input type="text"/>		<input type="button" value="Add"/>

List of All Bank Accounts

	S.No	Account No.	Bank	Branch	IFSC Code
Delete	<>	<>	<>	<>	<>
Delete	<>	<>	<>	<>	<>

Was the GTO in 2012-13 is NIL:

☐ No

12. Commodities Details:*

☐ Purchase



A. Deals in :*

☐ Interstate

Purpose :*



B. % of GTO in Preceding Year:(If accurate figures are not available, nearest approximation may be given)

C. Rate of TAX under DVAT:*

D. Net TAX Contribution in 2012-13 in (Rs):

13.Exhaustive List of Commodities sold in last year till at least 90% of GTO in Descending order

	S.No	Name of Commodities	Rate of TAX under DVAT	% of GTO in Preceding Year	TAX Contribution in 2012-13	Type


13(i).Exhaustive List of Commodities (for inter-state purchase)

	S.No	Name of Commodities	Rate of TAX under DVAT

A. Type of Security :	<input type="text"/>
B. Security Description:	<input type="text"/>
C. Amount:	<input type="text"/>
D. Date of Expiry of Security, if in the shape of Bank Guarantee :*	<input type="text"/> <input type="button" value="Calendar"/>
E. TIN:*	<input type="button" value="Add"/> <input type="text"/>

	S.No	Type of Security	Security Description	Amount	Date of expiry on Security	TIN

15.Details of Manager (If proprietor/Partner/Director are acting as Manager, there name should be mentioned here)

A. Name:*	<input type="text"/>	Date of Birth:*	<input type="text"/> 
C. Father's Name:*	<input type="text"/>	D. Aadhaar/UID:	<input type="text"/>
E. Address:*	<input type="text"/>		
F. PAN :*	<input type="text"/>	<input type="button" value="Add"/>	

16. List of Manager


[illegible]

Delete	<>	<>	<>	<>	<>	<>	<>
17.Counsel Details:							
A. Counsel Name:	<input type="text"/>		<input type="text"/>		<input type="text"/>		
B. Counsel Mobile No :	<input type="text"/>		C. Counsel Email Id:		<input type="text"/>		
D. Whether he/she is	<input type="radio"/> STP <input type="radio"/> ate						
<div>Save</div>							

Form DP-1 Part B

Particular of Person [Proprietor/Karta/Partner/Directors in the Business/Members Of Executive Committee of Societies, Clubs etc.] Having Interest In Business.

All Fields marked with (*) are mandatory

Reference ID	<<>>		
1. Full Name Of Applicant Dealer:	<<>>		
Full Name Of Person Having Interest in Business			
2. Person Name:*	<input type="text"/>		
3. Designation:*	<input type="text"/>		
4. Date of Birth:*	<input type="text"/> 	Gender:*	<input type="radio"/> Female
6. Father's Name:*	<input type="text"/>		
6A. Unique Identification (AADHAAR) Number:	<input type="text"/>		
7. E-mail: *	<input type="text"/>		
Whether He /She is Authorized Signatory:*	<input type="radio"/> No		
8. Residential Address			


(a) Building Name/Number:*		<input type="text"/>	
(b) Area/Road:*		<input type="text"/>	
(c) Locality/Market:*		<input type="text"/>	
(d) City:*		<input type="text"/>	
(e) District:	<input type="text"/>	(f) State:*	<input type="text"/>
(g) PIN Code:*	<input type="text"/>	(h) e-mail:	<input type="text"/>
(i) Telephone/Mobile Number:*	<input type="text"/> -	(j) Fax No.:	<input type="text"/> -
9. PAN:*	<input type="text"/>	10. Passport No.:	<input type="text"/>
<input type="checkbox"/> If Permanent address is same as residential address			
11. Permanent Address (If Different from residential Address):*			
(a) Building Name/Number:*		<input type="text"/>	
(b) Area/Road:*		<input type="text"/>	
(c) Locality/Market:*		<input type="text"/>	
(d) City:*		<input type="text"/>	
(e) District:	<input type="text"/>	(f) State:*	<input type="text"/>

(g) PIN Code:*	<input type="text"/>	(h) e-mail:	<input type="text"/>			
(i) Telephone/Mobile Number:*	<input type="text"/> -	(j) Fax No.:	<input type="text"/> -			
12. Whether having interest in other firm/company, Registered under DVAT Act:*		<input type="radio"/> No				
I. Name:		<input type="text"/>				
II. Address						
(c) Building Name/Number:*		<input type="text"/>				
(d) Area/Road:*		<input type="text"/>				
(c) Locality/Market:*		<input type="text"/>				
(d) City:*		<input type="text"/>				
(e) District:	<input type="text"/>	(f) State:*	<input type="text"/>			
(g) PIN Code:*	<input type="text"/>	(h) e-mail:	<input type="text"/>			
(i) Telephone/Mobile Number:*	<input type="text"/> -	(j) Fax No.:	<input type="text"/> -			
III. TIN:	<input type="text"/>	IV. Status:	<input type="text"/>			
<input type="button" value="Add"/>						
	S.No	Name	TIN	Status	Email ID	Address
Delete	<>	<>	<>	<>	<>	<>
Delete	<>	<>	<>	<>	<>	<>

<div>Save</div>									
	S.No	Person Name	DOB	Father's Name	Email	PAN	Residential Add	Permanent Add	Other Business Details
Delete	<>	<>	<>	<>	<>	<>	<>	<>	<div>View</div>

S.No	Name	TIN	Status	Email ID	Address
<>	<>	<>	<>	<>	<>

Form DP-1 PART-C	
Details of Additional Places Of Business	
All Fields marked with (*) are mandatory	
In case of multiple branches in state other than Delhi, details of any principal place of business in the states are required to be furnished.	
Temporary Reference ID :	<<>>
1. Full Name Of Applicant Dealer:	<<>>
2. TIN:	<<>>
3. Place Of Business:*	<div></div>
4. Nature of use:*	<div> <div></div> <div></div> </div> <div>Please Specify:</div> <div></div>
Address:	

(a) Building Name/Number:*		<input type="text"/>	
(b) Floor :*		<input type="text"/>	
(c) Area/Road:*		<input type="text"/>	
(d) Locality/Market:*		<input type="text"/>	
(e) City:*		<input type="text"/>	
(f) District:	<input type="text"/>	(g) State:*	<input type="text"/>
(h) PIN Code:*	<input type="text"/>	(i) E-mail Id:*	<input type="text"/>
(j) Contact No.:*	<input type="text"/>	(k) Fax No.:	<input type="text"/>
5.Approx. area in square Meters(Open):*		<input type="text"/>	
6.Approx. area in square Meters(Covered):*		<input type="text"/>	
7. Date Of Establishment*		<input type="text"/>	
			
8. Whether Place Of Business Is Situated Outside Delhi?*		<input type="radio"/> No	
A. State Local Sale tax/VAT/CST Registration Number(If Place Of Business Is Situated Outside Delhi)		<input type="text"/>	
9. Ward :		<input type="text"/>	

10. Whether any other firm functioning from same premises:*	<input type="radio"/> No							
A. TIN:	<input type="text"/>							
B. Ward:	<input type="text"/>							
<input type="button" value="Save"/>								
	S.No	Address	email	Code	Phone No	Code	Fax	Registration No
Delete	<>	<>	<>	<>	<>	<>	<>	<>

Form DP-1 PART-D			
Particular of The Authorized Signatory			
All Fields marked with (*) are mandatory			
Temporary Reference ID :		<<>>	
1. Full Name Of Applicant Dealer :		<<>>	
2.(a) Name Of Authorized Signatory:*		<input type="text"/>	
(b) Designation:*		<input type="text"/>	
3. Date Of Birth:*	<input type="text"/>	4. Gender:*	<input type="radio"/> Female
5. Father's Name:*	<input type="text"/>		
5A. Unique Identification (AADHAAR) Number:		<input type="text"/>	
6. PAN:*	<input type="text"/>	7.Passport No.:	<input type="text"/>

8. e-mail:*	<input type="text"/>		
9. Residential Address (If different from Principal Places of business)			
(a) Building Name/Number:*	<input type="text"/>		
(b) Area/Road:*	<input type="text"/>		
(c) Locality/Market:*	<input type="text"/>		
(d) City:*	<input type="text"/>		
(e) District:	<input type="text"/>	(f) State:*	<input type="text" value="▼"/>
(g) PIN Code:*	<input type="text"/>	(h) e-mail:	<input type="text"/>
(i) Mobile Number:*	<input type="text"/>	(j) Fax No.:	<input type="text"/>
<input type="checkbox"/> If permanent address is same as residential address (if different from residential address)			
10. Permanent Address: (if different from residential address)			
(a) Building Name/Number:*	<input type="text"/>		
(b) Area/Road:*	<input type="text"/>		
(c) Locality/Market:*	<input type="text"/>		
(d) City:*	<input type="text"/>		
(e) District:	<input type="text"/>	(f) State:*	<input type="text" value="▼"/>

(g) PIN Code:*	<input type="text"/>	(h) e-mail:	<input type="text"/>				
(i) Mobile Number:*	<input type="text"/>	(j) Fax No.:	<input type="text"/>				
<div>Save</div>							
List of Authorized Signatories and persons having interest in business viz. partners/Directors/etc.							
	S.No	Name of Authorized Signatory	Email	Phone No	Fax	PAN	Address
Delete	<>	<>	<>	<>	<>	<>	<>