

Department of Trade and Taxes

Government of NCT of Delhi

Form – DP-1

Dealer profile

1. A. TIN
- B. Full Name of Dealer (Business Name)
- C. Ward no.
- D. Date of Current registration (DD/MM/YYYY)
2. Nature of Business
3. Constitution of the Business.
4. A. Whether opted for composition scheme under section 16 of the Act
- B. Rate of Tax under Composition Scheme
5. Annual turnover category
- A. Type of registration-mandatory/voluntary?
- B. Turnover in preceding year
- C. Whether dealt in only intrastate sales/purchases transactions during.
 - (1) 2010-11
 - (2) 2011-12
 - (3) 2012-13
- D. Expected Turnover in 2013-14
- E. Would you deal in interstate transactions or imports/exports in 2013-14?
6. A. PAN:
- B. If the name on PAN card is different from 18,
 - (1) then name on PAN card:

(2) PAN

C. if the dealer is a proprietorship concern

(1) the name of the proprietor

(2) Proprietor's PAN

7. Registration No., if registered

Sl no	Department	Registration number
1	Central Excise	
2	Service Tax	
3	IEC	

8. Address of Principal Place of Business (to be used for service of physical notice, if any)

Address:

Email ID

Mobile Number

Fax number

Area in Sq. Mts (open)

Area in Sq. Mts (covered)

9. List of additional places of business within delhi and outside delhi:

Sl No.	Address	Date of Establishment	Ward number As per Addresses In case of branch in delhi	TIN in case of branch outside Delhi	Nature of use viz. shop/godown /accounts office etc.	Approx area in Square feet		Floor viz. Basement ground/1/1 1 Etc ((- 1/0/1/2....)	Whether any other firm functioning from same address Y/N	If Yes, TIN and ward of all such businesses
						Open	Covered			

10. List of all Bank Accounts

16. Counsel Details

Counsel Name	First Name	Middle Name	Surname
Counsel mobile no.			
Counsel email id			
Advocate/ CA/STP			

17.

<p>Verification I/Wehereby solemnly affirm and declare that the information given here in above is true and correct to the best of my/our knowledge and belief and nothing has been concealed there from.</p>	
Signature of Authorized Signatory
Full Name (first, middle, Surname)
Designation / Status

Place																	
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Date							
	Day	Month	Year				