## **User Manual** - Form DP-1

- Step 1 Log on to www.dvat.gov.in
- Step 2 Click on the link 'Dealer Login'



Step 3 - Enter User ID Click on 'Next' button.

Login	
UserId :	Next

Step 4 - Password and Image Characters and then click on the 'Sign In' button.

ı	Login	
UserId :	TIN	
Password :		Forget Password
2	28114	Reset
Enter Image Characters :		
	Sign In	

Step 5- Tick mark in the Check Box (☑) and Click on Proceed to Home Page button.

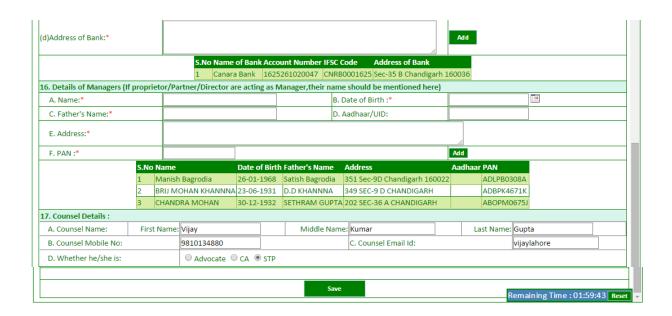


Step 6- Click on the link DP-1 and Sub link Part A.



## Step 7 - Fill the information as asked for in Part A and click on 'Save' button.

वैट ऑ VAT			De	epartment of Government					•	AX RUST RANSPARENCY
DP-1 VATI Verification Opting Com									Form Central Form	
Form DP-1 Part-			•	,						
Form-DP-1										
All Fields marked with (*) are manda	atorv									
( )					R2121	10123				
1. TIN:					07140	335918				
2. Full Name of Applicant Dealer (Bu	isiness I	Name):*			Winso	ome Yarns Ltd.				
3.Zone/Ward (Existing):*					Ward	51	7			
4.Zone/Ward (As per address of Prir	ncipal pl	ace of busin	ess):		Ward	51	7			
5.Whether having TAN:*					○ Ye	es O No				
6. Nature of Business (Check more	than on	e, if applical	ble):*							
☐	☐ F Trad		Right to Use/Lease	☐ Work Contract		<ul><li>Exporter</li></ul>	Importer	✓ Interstate Seller	✓ Interstate Purchaser	Other
7. Constitution of Business:*					Publi	c Ltd. Compan	v •			
8. Permanent Account Number of th	ne appli	cant dealer (	PAN):*			W1911H				
A. Whether Name of Applicant Do from the 'Name Appearing on PAN (	ealer (a			ove) is different		es O No				
B. Then Name appearing on PAN	Card:*									
C. Name of Business:*										
9. Whether Registered under Centr	ral Excis	e Act.:*				es O No			,	
9(A.) if yes, Registration Number	under (	Central Excise	e Act:*							
10. Whether Registered under Serv	ices Tax	c: <b>*</b>			● Yes ○ No					
10 (A.) if yes, Registration Numbe	r under	Service Tax:	*							
11. Whether Registered for IEC:*						es O No				
11(A.) if yes, Import Export Code	(IEC) Co	de:*								
12. Principal place of Business in D	elhi (Ad	ldress for se	rvice of ph	ysical notice, if any	, would	be same as th	is)			
(a) Building Name/Number:*					40/31	1				
(b) Floor :*					Grou	ınd Floor		•		
(c) Area/Road:*					Khera	a Kalan				
(d) Locality/Market:*					Garal	hi				
(e) City:*					Delhi					
(f) District:					(g) Sta	ate:*		Delhi	•	
(h) PIN Code:*	110	082			(i) E-n	nail Id:*		delhi@winsom	egroup.com	
(j) Contact No.:*	91	98990206	78		(k) Fa	x No.:		H		
(I)Approx. area in square Meters(Op	en):*				0					
(m)Approx. area in square Meters(Co	overed)	:*			150					
13.Description of top 5 items you de	eal or p	ropose to de	eal in (1-hi	ghest volume to 5-	lowest v	volume)				
Description of items:*	Select						•			
14.List of Commodities dealt in inte	r-state	husiness			Add					
	state		nurchass							
Type of Transaction:*		Sale O	purcnase					_		
Name of Commodity: *		Select				_		▼		
Purpose :*		Select			Add	•				
1F. Dotails of all Bank Assessed					Auu					
15. Details of all Bank Accounts:  (a) Name of Bank:*					(b) A-	count Number	*			
(a) Ivallie Of Dalik.					(n) AC	count Number				



Step – 8 - Click on Part-B and fill the information as asked for and click On 'Add' then 'Save' button.

Click on 'View' Button to View other Business Details and 'Click on Person/Company Name' to edit the details of person/company.







DP-1 VATI Verification Opting Composition Profile DVAT 49 New Objection DVAT 10 Notice Reply Annexure Return Refund Return Form Central Form Goods Movement Payment Reconciliation Assessment Amnesty Scheme(DSC 1) Notice Objection Form 9 Download RC Payment

## Form DP-1 Part-B

Particulars of Person [Proprietor/	Karta/Partne	ers/Direc	tors in the E	Business/Members Of Exe	ecutive Co	mmittee of Societies	, Clubs et	c.] having Interest in Business
All Fields marked with (*) are man	datory							
Reference ID				R20236170				
L. Full Name of Applicant Dealer(B	usiness Nam	e):		Dealer Name				
Whether the partners are *				● Individual ○ Partne	rship 🔘	HUF Company		
Full Name of Person Having Inter	est in Busine	iss			<u> </u>			
2. Person Name: *								
Designation:*				Select			•	
3. Date of Birth :*				4. Gender:*	Male O	emale		
5. Father's/Husband's Name:*								
5. E-mail: *								
7. Unique Identification (AADHAAF	R) Number:							
3. PAN:*				9. Passport No.:				
Whether He/She is Authorized Sign	natory:*			○ Yes ○ No				
10. Residential Address	/-			- 155 - 110				
a) Building Name/Number:*					1			
b) Area/Road:*					1			
c) Locality/Market:*					1			
d) City:*					]			
e) District:				(f) State:*	<u></u>	Delhi		<b>v</b>
g) PIN Code:*		7		(h) e-mail:		Dellii		1
i) Telephone/Mobile Number:*				(j) Fax No.:			1	
ij Telephone/Wobile Number.				()) Tax 140				
If Permanent address is same a	s residential	address						
<ol><li>Permanent Address (If Differe</li></ol>	nt from resi	dential A	ddress):*	II.	_			
a) Building Name/Number:*								
b) Area/Road:*								
c) Locality/Market:*								
d) City:*								
e) District:				(f) State:*		Select		•
(g) PIN Code:				(h) e-mail:				1
(i) Telephone/Mobile Number:*	-		7	(j) Fax No.:			1	
12. Whether having interest in ot	her firm/con	npany,Re	gistered	Yes No				
under DVAT Act:*				0 163 0 140				
. Name:								
II. Address					7			
(a) Building Name/Number:								
(b) Area/Road:								
(c) Locality/Market: (a) Building Name/Number:								
(b) Area/Road:								
(c) Locality/Market:								
(d) City:					1			
				(f) States		Dolhi		•
(e) District:		7		(f) State:		Delhi		1
(g) PIN Code:				(h) e-mail:			7	
(i) Telephone/Mobile Number:				(j) Fax No.:		<u> </u>		
III. TIN:				IV. Status:		Select		
Registration Status	Select	▼						



## Step 9 - Click on Part-C and fill the information as asked for and Click on 'Save' button.



वैट
11
10
-
VAT



Code Fax D.O.Est.

12:00AM Apr 1 2002

011 49536016

011 47506403

DP-1 VATI Verification Opting Composition Profile DVAT 49 New Objection DVAT 10 Notice Reply Annexure Return Refund Return Form Central Form Goods Movement Payment Reconciliation Assessment Amnesty Scheme(DSC 1) Notice Objection Form 9 Download RC Payment

## Form DP-1 PART-C

Address

98 Okhla Industrial Estate, Phase 3 , Delhi - 110020

A 3 S.M.A. Industrial Estate,, G.T.K. Road, , Delhi - 110033

Details of Additional Places Of B	usiness					
All Fields marked with (*) are ma						
In case of multiple branches in S	tate other than Delhi,deta	ils of only princ	ipal place of business in the St	tate are required	to be furnished.	
Temporary Reference ID :			R20236170			
1. Full Name of Applicant Dealer	(Business Name):		Dharampal Satyapal Li	mited		
2. TIN:			07280196937			
3. Place of Business:*						
4. Nature of use:*	Select	•				
Address:						
(a) Building Name/Number:*						
(b) Floor:*			Select		•	
(c) Area/Road:*						
(d) Locality/Market:*						
(e) City:*						
(f) District:			(g) State:*		Delhi	▼
(h) PIN Code:*			(i) E-mail ID:			
(j) Contact No.:*			(k) Fax No.:		-	
5. Approx Area Square Meters (C	pen):*					
6. Approx Area Square Meters (C	overed):*					
7. Date of establishment*						
8. Whether Place of Business Is S	Situated Outside Delhi?*		○ Yes ● No			
9. Ward :			Select	•		
10. Whether any other firm fund	tioning from same premise	s:*	○ Yes ○ No			
A. TIN:						
B. Ward:			Select	•		
			Save			
					Remainir	ng Time: 01:59:14 R

# Step 10 - Click on 'Part-D' and fill the information as asked for and Click on 'Save' button.

वैट V V VAT	Department of Trade and Taxes Government of N.C.T. of Delhi	AX RUST RANSPARENCY
P-1 VATI Verification	Opting Composition Profile DVAT 49 New Objection DVAT 10 Notice Reply Annexure Return Refund Return Form Central Form Assessment Amnesty Scheme(DSC 1) Notice Objection Form 9 Download RC Payment	Goods Movement
pload Signature Sheet art-B	ne	
art-C art-D	rocessing of refund under Expeditious Disposal of Refund Scheme please visit the link "Refund->Refund Claim Form"	١.
ubmission rint		
evise DP-1 ignature Sheet of DP1		

AT			rade and Ta		AX RUST RANSPAREN
VATI Verification Opting Composi					m Central Form
rm DP-1 PART-	-D				
Particulars of The Authorized Signa	atory				
All Fields marked with (*) are mand	latory				
Temporary Reference ID :	i		R20236170	I have been all	
. Full Name of Applicant Dealer (B	usiness Namej:		Dharampal Satyapal	Limited	
2.(a) Name of Authorized Signatory urname) (Ref. Instruction N		middle name,			
b) Designation:*			Select	•	
3. Date of Birth:*			4. Gender:*	○ Male ○ Female	
i. Father's/Husband's Name:*					
i. E-Mail:*					
. Unique Identification (AADHAAR	) Number:				
3. PAN:*	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9.Passport No.:		
0. Residential Address (if differen	nt from principal place of busines				
a) Building Name/Number:*		·			
b) Area/Road:*					
c) Locality/Market:*					
d) City:*					
e) District:			(f) State:*	Delhi	¥
g) PIN Code:*			(h) E-mail:		
(i) Mobile Number:*			(j) Fax No.:		
			•		
Is permanent address is same a					
11. Permanent Address: (if differe	ent from residential address)				
(a) Building Name/Number:*					
(b) Area/Road:*					
(c) Locality/Market:*					
(d) City:*					
(e) District:			(f) State:*	Delhi	<b>v</b>
(g) PIN Code:*			(h) E-mail ID:		
(i) Mobile Number:*	-		(j) Fax No.:		

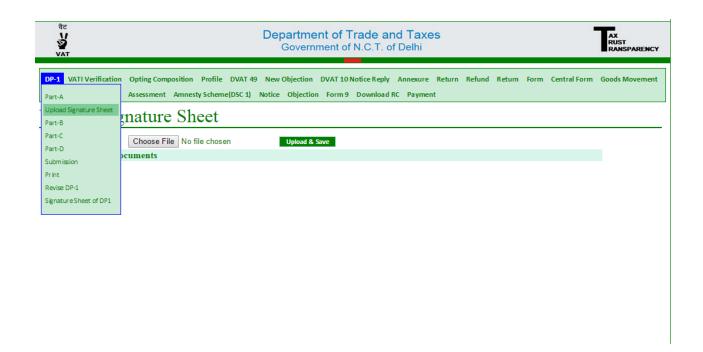
	Save								
	f Authorized Signatories and persons having interest in bu Name Of Authorized Signatory		Phone No.	Fax	PAN	Address			
1	Anil Kumar Saraswat, Father's Name Shri R.P. Saraswat	anil.sarswat@dsgroup.com	-9810198967	-	ADXPS8977Q	305 Malaygiri Appt.,, Kaushambi, Ghaziabad, 21-201010			

Step 11 - Click on 'Signature Sheet of Dp-1' and take a print out of Signature Sheet
Then sign it.





Step 12 - Click on 'Upload Signature Sheet' and upload the Signed Signature sheet in PDF format in Dp-1 which is in Step 11.





Step 13 - Click on 'Submission' and Select the name of authorised Signatory in verification, enter the SMS Code which will send on users registered mobile no. tick mark in the Check Box () and Click on 'Submit' Button to submit the Dp-1. Click on Print Button for Print the form.







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## Final Submission Of Form DP-1

					Print					
Details of Form DP	P-1									
orm DP-1										
Name Of The Firm	:					Dharampal Satyapal Limited				
TIN:				07280196937						
Ward where recor				Ward 84						
		tion of princip	al placce of business:			Ward 84				
Constitution Of Bu	isiness:					Public Ltd. Company				
Form DP-1 Under I	Delhi Va	alue Added Ta	x Act,2004							
			•			Manufacturer				
						Wholesale Trader				
Nature Of Busines						Exporter				
vature of busines	5.					Importer				
						Interstate Seller				
						Interstate Purchaser				
			plication Dealer(PAN):			AAACD0132H				
Whether registere						Yes				
Registration Numb			ise Act:			AAACD0132HEM037				
Whether registere						Yes				
ervice Tax Registi						AAACD0132HST008				
Whether registere						Yes				
mport Export Cod						0598041231				
Import Export Cod	ie (IEC)	No.:				0598041231 360/2, Plot No.G 249 Floor:-Full Building				
Principal Place Of Business:						Opp. Skylark Appartment Village Gazipur - 110096 Email:taxation@dsgroup.com Tel:22235815 Fax:				
Approx. area in So	mare N	Meters(Onen):				0				
Approx. area in So			d):			288				
Details of Bank Ad			- <del>/-</del>							
Account No.		Bank		Branc	:h					FSC
10820057303	_	State Bank of Ir	ndia	_	dni Chowk, Delhi					SBIN0000631
10820057278	9	State Bank of Ir	ndia	Chan	dni Chowk, Delhi					SBIN0000631
10820290703	9	State Bank of Ir	ndia	Chan	dni Chowk, Delhi					SBIN0000631
30924094453	9	State Bank Of Ir	ndia	Sector	-19, Noida, (Uttar Prades	:h)			SB	IN0011859
			business(Sale/Purcha		25) Holda) (Ottal Hade.	,				
Name	cs acar	e in inter state	Value	эс <b>ј</b> .	Purpose		т	/pe		
Details of Manage	are:		value		ruipose		, , ,	/pe		
Name	13.	Date of Birth	Father's Name		Address Aadh				Aadhaa	r PAN
Hemadri Shekhara Sharma	am	09-11-1960	Lt. Sh. Jeevan Prakasi Sharma	h	558, Railway Road, Nea Pradesh)	r Gurudwara, Pilkuwa-245304	Dist. Hapur (Utt	ar		AQOPS8343
Particulars Of Per	son Hav	ving Interest In	Business							
Person/Company Name	DOB/In	corporation	Father/Husband's Na	me	Email	PAN	Residential Address	Perman	ent Addı	ess
Shri Chander	der 14-01-1953		Late Sh. Kishori Lal Sharma		taxation@dsgroup.com	AFVPS5239P	House No. 74, Asaid VIII House No. 74		ise No. 74, Asaid VIII nplex - 110049 2402	
Shri Anil Kumar Agarwal			wal	taxation@dsgroup.com	ABTPA1447R	C 26, Block C, Greater Kailash 1, - 110048 4032402	C 26, Block C, Greater Kailash 1, - 110048 4032402		., - 110048	
Other Business De	tails of	person having	interest in Business							
	Name		TIN		Status	Email ID	Address			
	Dharam Premch	ipal and Limited	07350048052		Director of Firm	shashi.maheshwari@baba.in	4873, Chandni Chowk - 110006 9810210401			
Shri Ravinder		pal Satyapal t Ltd	07640281808		9810710401 4828/24 Prahlad Lan Director of Firm sushil.goel@dsgroup.com Darya Ganj - 110002 9810735260				Ansari Ro	ad

Name	Address	Email	Phone F	ax DOEst.	Registration No.
Delhi	98, Okhla Industrial Estate Phase 3, Delhi - 110020		011-49536016 -	01-04-2003	
Delhi	A 3, S.M.A. Industrial Estate, G.T.K. Road,, Delhi - 110033		011-47506403 -	01-04-2002	
Delhi	C 46, Okhla Industrial Area, Phase II, Delhi - 110020		011-42243502 -	25-01-2012	
Delhi	B 78, Okhla Industrial Area, Phase I, Delhi - 110020		011-46484713 -	22-03-2013	
Particulars Of The Authorized Signator	γ				
Name	Email	Phone	Fax	PAN	Address
Anil Kumar Saraswat, Father's Name Shri R.P. Saraswat	anil.sarswat@dsgroup.com	9810198967		ADXPS8977Q	305, Malaygiri Appt., Kaushambi,, Ghaziabad 21 - 201010
Siddhartha Goel, Father's Name Shri Sudhir Kumar Goel	siddhartha.goel@dsgroup.com	9810076757		AGEPG2117Q	SKA 404A, Block, 4th Floor,, Shipri Krishna Vista Near Post Office, Indira Puram,, Ghaziabad 21 - 201014
rification	•				·
e Hemadri Shekharam Sharma, Fathe		olemnly affirm and declare that the	he information given he	reinabove is true	and correct
ne best of my/our belief and nothing her OTP:* •••• Get SMS					
	as been concealed therefrom.				





Print

Department of Trade And Taxes Government of NCT of Delhi Form DP-1

Reference No. R21308086 Date: 19-11-2014

TIN: 07280196937

Name: Dharampal Satyapal Limited

Address: 360/2, Plot No.G 249 Opp. Skylark Appartment Village Gazipur-110096

Submitted DP-1 vide Reference No. R21308086 dated 19-11-2014.

Ward 84

Authorised Signatory:

Lokesh Singh, Father's Name Shri Dhruv Dev Singh

#### **Revise**

Step 14 - Click on Revise to Revise the DP-1, Enter Reason To Revise the Dp-1 and tick mark in the Check Box ( $\Box$ ) and Click on 'Please Proceed' Button.





The Process of Revision is same as well as Original Dp-1.

Note: - Part A is necessary to fill at the time of revision.