

**DELHI CONSUMER CO.-OPERATIVE WHOLESALE STORE LIMITED**  
**KARAM PURA ROAD, MOTI NAGAR, NEW DELHI- 1100015**

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**S.No.**

**DATED-**

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Application form for registration of dealers for supply of stationery, furniture and other goods to D.C.C.W.S. Ltd. :-

1. Name of Firm/ Company :-
2. Address of Firm/ Company :-  
Tel No. office :-  
Mobile No. :-  
Fax No. :-  
E - Mail Address :-
3. Whether Prop./ Partnership :-  
if Partnership the memorandum  
of Partnership) to be attached
4. Whether Manufacture, if so, nature :-  
of production
5. Whether Distributor/ Agency holder :-  
Give detail of the goods with which  
it deals
6. Annual Turnover of Firm :-  
(Balance sheet & G.P. for last  
two year to be attached)
  - i) Annual Turnover :-
  - ii) Gross Profit :-
7. Tin No. :-
8. P.A.N. Card No. :-
9. Sale Tax/ Vat Registration :-  
Certificate(copy to be attached)
10. Registration Certificate of N.S.I.C./ :-  
D.G.S. & D. for the item, if requested  
Of E.M.D. Exemption

11. Whether the Firm has not been Black Listed by any Govt. Dept. :-
12. Whether any Criminal Case/ Complaint is pending against the Firm/ Prop. any where in India :-
13. Proof of Past Performance (If any) :-
14. Have your Company already been Registered with any Coop. Organization, if yes, give details. :-

Date :  
Place :

Signature of the authorized  
signatory with office stamp.

General Information if any :- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Declaration:** Certified that the particular stated are correct to the best of my knowledge and belief and no material facts have been concealed

Signature of the authorized  
signatory with office stamp.

**NOTE:** On approval earnest money amounting to Rs.30,000/- (Refundable with out interest) shall be deposited with D.C.C.W.S. Ltd.