

	Yes	No
State Team Member Opening Distributorship		
Membership Form		
Membership form on Page 1 filled up		
Membership form on Page 2 filled up		
Membership form on Page 3 filled up		
Membership form on Page 4 filled up		
Membership form on Page 5 filled up		
Signature of representative added on Page 1		
Signature of representative added on Page 2		
Supporting Documents		
ID Proof, Aadhaar Card/ Passport/ Driving License)		
Name on ID proof tallies with PAN		
Signed and stamped		
Signed copy of Address Proof (Aadhaar Card/ Passport)		
Name on address proof tallies with ID Proof		
Address on address proof tallies with PAN / License		
Signed and stamped		
Signed copy of PAN		
Name on PAN tallies with ID proof		
Signed and stamped		
Signed copy of GST Certificate (if applicable)		
Name on Certificate tallies with ID Proof		
Signed and stamped		
Signed copy of Seed License		
Name on license tallies with ID Proof		
License is valid on the date of issue		
Valid period of registration for renewal from 1st year onwards		
Signed and stamped		
Statement of primary bank account(s) of business		
Name on account tallies with ID Proof		
Period is for last 3 months		
Primary bank account of business with significant transactions		
Signed and stamped		
Blank Cheques		
3 cheques		
Not of any cooperative banks		
Contains valid signature of representative and stamp		
Contains no date		
Is not crossed		
Money Deposit has been collected		
on Existing Network		
Name of the nearest distributors (can be more than 1)		
Distance from the nearest distributors		

Signature of Company Official

Signature of Company Official

The Distributor is required not to enter into any financial transaction with any member of the sales team, either in the form of material or funds. All such transactions will be considered as potential and unauthorised and the company will not be liable for the outcome of such transactions. The Distributor will not forward any material to any member of the sales team without specific written instructions issued by the Head Office of the company.

The Distributor is required to maintain the integrity of the packaging in which the products are supplied by the company at all times and is required not to tamper with the packets, designs, logos and trademarks of the company in any way. Any unauthorised use of the company's designs, logos and trademarks are to be reported to the company immediately. The Distributor is required to comply with all requirements of GST as applicable to him, related to periodic Returns, Credit Note and others with respect to its transactions with the company. Further, the Distributor may be required to share with the company, upon request, documents supporting compliance of such requirements of GST.

The company will share with the Distributor, an Account Statement at the end of every 6 months either on his registered email or through any other preferred mode of communication. However, the Distributor can ask for his updated account statement at any time by sending email at [customerscare\\_uscisandh@hiversataght.in](mailto:customerscare_uscisandh@hiversataght.in) or by calling the Customer Care Helpline at +91 8336029400.

The company will share with the Distributor, a Confirmation of Accounts at the end of each financial year either on his registered email or through any other preferred mode of communication. The Distributor is required to review the account statement and reconcile the balance on the statement with the balance in his books of accounts. Upon completion of review, the Distributor will be required to sign and seal on the Confirmation and hand it over to the TSM.

In addition to these, the company may from time to time issue communications on these and/or other business practices which may, from the date of such communication, supersede any business practices or policies previously followed by the company including but not limited to the ones mentioned above.

acting on behalf of Pranava Kumar Choudhary  
 (Name of Distributor)

(Name of Representative)  
 I read, understood and agreed to all the terms and conditions of business information provided in this form as well as in the enclosed documents, if any, are provided by me and are true to my knowledge and understanding

**KRUSHI PRAGATI**  
Pranava Kumar Choudhary  
 (Stamp of Distributor)

Name of Company Official	Signature of Company Official

**Part D: Financial Information of Applicant**

Bank Account of Business\*  
 Name of the Bank: PUNJAB NATIONAL BANK  
 Name & address of Branch: SRINAGAR, Srinagar  
 PIN Code of Branch: 190001  
 Account No: 3219008990000346  
 Type of Account: Savings/Current/OD  
 Does the applicant have CC/OD facility from any bank? Yes  / No   
 If Yes, Name of Bank: \_\_\_\_\_  
 Name & address of Branch: \_\_\_\_\_  
 CC/OD Limit (Approx. in Rs lakhs): \_\_\_\_\_  
 Security Depositor\* of Rs. \_\_\_\_\_ paid to: \_\_\_\_\_ Cheque No. \_\_\_\_\_ / RTGS   
 31) Is the Office/ Shop used by the Distributor, owned by the Distributor? Yes  / No   
 If Yes, approx. size: \_\_\_\_\_ Address: \_\_\_\_\_  
 32) Is the Godown used by the Distributor, owned by the Distributor? Yes  / No   
 33) If Yes, approx. size: 1748 sq. Address: DAMODARAPUR BAZAR  
 BIKAPRATAPPUR DIST: PURI  
 34) Number of staff employed by the applicant: \_\_\_\_\_  
 35) Does the applicant own any 2-wheeler? Yes  / No   
 If Yes, Number of such vehicles: 05 used for Business  / Personal  / Both   
 36) Does the applicant own any 4-wheeler? Yes  / No   
 If Yes, Number of such vehicles: 01 used for Business  / Personal  / Both   
 37) Brief details of property owned by the applicant:  
 Does the applicant own any land parcels? Yes  / No   
 Does the applicant own any house property? Yes  / No

**Part E: List of Documents to be Provided**

signed, sealed and dated Distributorship Form along with the following mandatory documents	
Sole Proprietorship	1. Signed copy of ID Proof (Aadhaar Card/ Passport/ Driving License) 2. Signed copy of Address Proof (Aadhaar Card/ Passport) 3. Signed copy of PAN 4. Signed copy of GST Certificate (if applicable) 5. Signed copy of Seed License 6. Statement of primary bank account(s) of business evidencing debit and credit transactions, for the last 3 months
Partnership Firm	7. Signed copy of registered partnership deed 8. Authorization from all partners allowing representative to act and sign on behalf of the firm
Private Limited Company	7. Signed copy of Memorandum and Articles of Association 8. BOD resolution allowing representative to act and sign on behalf of the company

**Customer Care**

Phone No: 8336929400

Email: [customercare\\_uacisandb@universalagri.com](mailto:customercare_uacisandb@universalagri.com)

**Part C: Market Intelligence & Sales Plan**

Field Crops are primarily cultivated in this area?

		Paddy		Approx. Volume (In MT)
Type	Key Variety	Companies Offering Them		
Improved / HYV				
Improved / HYV				
Improved / HYV				
Hybrid				
Other				

  

		Wheat		Approx. Volume (In MT)
Type	Key Variety	Companies Offering Them		

  

		Mustard		Approx. Volume (In MT)
Type	Key Variety	Companies Offering Them		

  

		Maize		Approx. Volume (In MT)
Type	Key Variety	Companies Offering Them		

2) What are the important Vegetable crops cultivated in this area?

Crops	Key Variety	Key Brands	Approx. Volume (In MT)

Which are main companies operating in this area?

Company Name	Key products	Approx. Turnover	Sales Team Size	Mode of work

What is your sales plan for our products in coming years\*?

Name of the Product	Quantity (MT)	
	Year 1	Year 2

In which area for which you seek our Distributorship (Area of Operation)\*?

*Puri, Khondha, Nayagarh*

Who is your preferred Transporter / Courier\*?

*NO*

Please share if you have any suggestions to improve business

Part B: Business Background of Applicant

Establishment: 1996  
 Number of years for which you are dealing in Seeds: 14  
 Are you a Distributor of any other company dealing in Field Crops? Yes  / No

If yes, please share the following details on your business with these companies:

Company Name	Vintage of Relationship (In years)	Key Products Sold Last Year	Approximate Turnover Last Year
Naziveedti Seeds Ltd	15		300 MT
Krishna Rasayan	3		150 MT
Syngenta India Ltd	5		2.50 M
Dhulearni Seeds	2		62.61 M

16) Are you a Distributor of any other company dealing in Vegetables? Yes  / No

17) If yes, please share the following details on your business with these companies:

Company Name	Vintage of Relationship (In years)	Key Products Sold Last Year	Approximate Turnover Last Year

18) Details of important markets/ regions in your area:

Name of the Market/ Region	Your approx. turnover from the market/ region	No. of your Retailers at the market/ region	Name of key Retailers
Nemapara			1. 2. 3.
Brahamagiri			1. 2. 3.
Pipilli			1. 2. 3.

19) Are you involved in any other businesses related to agriculture\*? Yes  / No

If yes, please share if you are dealing in  
 Fertilizers  as Distributor of \_\_\_\_\_  
 Pesticides  as Distributor of \_\_\_\_\_  
 Others  (specify) \_\_\_\_\_

20) Are you involved in any other businesses NOT related to agriculture\*? Yes  / No

If yes, please share broad overview of the nature of business

SI No. \_\_\_\_\_  
(For Office use only)



**UACI SEEDS & BIOTECH PRIVATE LIMITED**  
(Formerly Swarna Seeds)

20, Park Side Road, Rajeswari Niwas, 3rd Floor, Kolkata - 700026, West Bengal, India  
Contact No. (033) 24649581, E Mail: uaciseedsandbiotech@universalagri.in,  
Website: www.universalagri.net

**APPLICATION FOR DISTRIBUTORSHIP**

*Part A: Basic Information of Applicant*

1) Name of the Organization\* KRUSHI PRAGATI

2) Full Postal Address for correspondence\*:

Type of Location: Office  Shop  Godown  Residence

Street Name DAMODARPUR

PS CHANDANPUR

P.O. BIRAPRATAPPUR District PURI

State ODISHA PIN Code 752012

3) Nature of the Entity\*: Sole Proprietorship  Partnership  Private Limited Co.   
Cooperative/ Society  Others  (Specify) \_\_\_\_\_

4) Name of Representative\*: Proprietor  / Managing Partner  / Director  / Authorised Signat

BASANTA KUMAR GHADAI

5) Telephone No:

Office /Shop Landline: (STD Code) \_\_\_\_\_

Residence Landline: (STD Code) \_\_\_\_\_

Mobile\*: +91 8847840949 WhatsApp Mobile: +91 9437272515

Email ID\*: krushipragati@gmail.com

Preferred mode of communication: Email  SMS  Whatsapp

Income Tax Permanent Account No\*: AABFK4585B

Is the applicant registered under GST\*: Yes  / No

If yes, is the applicant registered under Composite Scheme of GST:  Yes  No

GST No 21AABFK4585B1ZT

Seeds Licence No\* e-LIC/SEED/2020D-8522

Valid Up to\* 04/11/2025 Issued By \_\_\_\_\_

**Signature and Photograph of Person Authorized to Represent the Applicant**



Name\* Basanta Kumar Ghadei

Gender\*: Male  Female

Relationship with applicant\*: Owner  Partner  Director  Others

Signature\*

Basanta Kumar Ghadei