

Checklist for Sales Team Member Opening Distributorship

Particulars		Yes	No
Distributorship Form			
1	14 Mandatory fields on Page 1 filled up		
2	4 Mandatory fields on Page 2 filled up		
3	3 Mandatory fields on Page 3 filled up		
4	6 Mandatory fields on Page 4 filled up		
5	4 Mandatory fields on Page 6 filled up		
	Signature of representative added on Page 1		
	Photograph of representative affixed 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 form		
	If not, proof of application for renewal has been collected		
	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		
	Security Deposit has been collected		
	Effect on Existing Network		
	Name of the nearest distributors (can be more than 1)		
	Distance from the nearest distributors		

Approved By:	Signature of Company Official
Name of Company Official	

15. The Distributor paying through cheque must ensure that the cheque is drawn, dishonors the cheque for reasons related to the bank or the company. If the bank on whom the cheque is drawn, dishonors the cheque for reasons related to the bank or the company, then the company will levy a cheque Dishonor charge on the Distributor without prejudicing its right to recourse for such dishonor.
16. The company will provide a standard credit period of 60 days from the date of the invoice. The company will levy interest on Overdue payments. Schemes applicable for the period. Dues remaining unpaid above 180 days will be considered as Overdue.
17. The company will generally not accept any Sales Return unless the material supplied were damaged or lost. However, for select products, the company allows Sales Return within certain limits and under certain conditions. The details of which are usually provided in the Sales Return policy. The Distributor is required to follow the terms and conditions of the Sales Return policy. The Distributor is required to obtain prior approval from the responsible sales official before dispatching material. The company will not provide any credit for material returned in violation to its Sales Return policy.
18. The Distributor is required not to enter into any financial transactions with any member of the sales team, either in the form of material or funds. All such transactions will be considered as personal and unsanctioned and the company will not be liable for the outcome of such transactions.
19. The Distributor will not handover any material to any member of the sales team without specific written instruction issued by the Head Office of the company.
20. 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 unauthorized use of the company's designs, logos and trademarks will be counted as an infringement of the intellectual property rights of the company.
21. The Distributor is required to comply with all requirements of GST as applicable to him, related to periodic Returns, Credit Notes 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.
22. 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 customercare_uacisandb@universalagri.in or by calling the Customer Care Helpline at +91 8336929400.
23. 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 modes 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.
24. In addition to these, the company may from time to time issue communications on these and/ or other business policies 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.
25. Disputes, if any, will be subject to the jurisdiction of the courts of Kolkata, West Bengal.

MD Minarul Islam

I, _____ acting on behalf of _____ (Name of Distributor*)
 (Name of Representative*)

hereby acknowledge that
 1. I have read, understood and agreed to all the terms and conditions of business
 2. All information provided in this form as well as in the enclosed documents, if any, are provided by me and are true to the best of my knowledge and understanding

Mawifriya
 (Signature of Representative of Distributor*)

MD Minarul Islam
 MD MINARUL ISLAM
 Vill. & P.O. - Manikchak
 P.S. - Lalgola, Murshidabar
 Mobile :- 9732590277
 (Stamp of Distributor)

Date:
 Place:

Name of Company Official	Signature of Company Official

Part D: Financial Information of Applicant

28) Primary Bank Account of Business:
 Name of the Bank: [PUNJAB] [NATIONAL] [BANK]
 Name & address of Branch: [LAL] [KIL] [RAI] [BAG] [MURSHIDABAD]
 IFSC Code of Branch: [PUNJAB] [NATIONAL] [BANK]
 Account No: [15] [18] [11] [32] [00] [04] [72]
 Type of Account: Savings/Currency/CC
 29) 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): _____
 ✓ 30) Security Deposit* of Rs _____ paid through 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 _____ Address: _____
 34) Number of staff employed by the applicant _____
 35) Does the applicant own any 2-wheeler? Yes / No
 If Yes, Number of such vehicles _____ used for Business / Personal / Both
 36) Does the applicant own any 4-wheeler? Yes / No
 If Yes, Number of such vehicles _____ 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	
For 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
Additional documents for 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
Additional documents for 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

Mob No: 8336929400

Email: customercare_uacisandb@universalagri.in

Part B: Business Background of Applicant

- 12) Year of Establishment: 1996
- 13) Number of years for which you are dealing in Seeds: 1996 Yes / No
- 14) Are you a Distributor of any other company dealing in Field Crops*: Yes / No
- 15) 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
Sulken Biotech Pvt. Ltd	2 years	Cosm	10,00,000/-
Powertek Integrated Services Pvt Ltd	5 years	Cosm, Spring Canola	20,00,000/-
Chareson Polysand Pvt Ltd	2 years	Cosm	5,00,000/-

- 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
Conteva			
Kaberi			
S			

- 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
Bhagabangola			1. 2. 3.
Lalgola			1. 2. 3.
			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 _____

MD MINARUL ISLAM
 Vill. & P.O.-Manikchak
 P.S.-Lalgola, Murshidabad
 Mobile :- 973250222

Part C: Market Intelligence & Sales Plan

21) Which Field Crops are primarily cultivated in this area?

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

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

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

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

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

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

23) Which are main companies operating in this area?

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

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

Name of the Product	Quantity (MT)	
	Year 1	Year 2
Field Crop	15	18
Field Crop	2	2
Field Crop		
Field Crop		
Vegetable	80kg	80kg
Vegetable	150kg	150kg
Vegetable	3kg	3kg

25) What is the area for which you seek our Distributorship (Area of Operation)*?

26) Name your preferred Transporter / Courier*

27) Please share if you have any suggestions to improve business

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@universallagri.in,
Website: www.universallagri.net

APPLICATION FOR DISTRIBUTORSHIP

Part A: Basic Information of Applicant

Name of the Organization* **MD MINARUL ISLAM**

Postal Address for correspondence*:

Type of Location: Office Shop Godown Residence

Street Name **MANIKCHAK**

MANIKCHAK District **MURSHIDABAD**

WEST BENGAL PIN Code **742148**

Type of the Entity*: Sole Proprietorship Partnership Private Limited Co.

Cooperative/ Society Others (Specify) _____

Designation of Representative*: Proprietor / Managing Partner / Director / Authorised Signatory

Phone No:

Shop Landline: (STD Code) **+91 97**

Home Landline: (STD Code) _____

Mobile: +91 **9732590222** WhatsApp Mobile: +91 **9732590222**

Email ID*: **MINARULISLAM8228@GMAIL.COM**

Preferred mode of communication: Email SMS Whatsapp

Tax Permanent Account No*: **AA0P13981J**

Is applicant registered under GST*: Yes / No

Is the applicant registered under Composite Scheme of GST: Yes No

GSTIN: **19AA0P13981J1Z3**

Licence No* **S03249**

Issued to* **03/12/2022** Issued By **STATE OF WEST BENGAL**

Signature and Photograph of Person Authorized to Represent the Applicant



Name* **MD MINARUL ISLAM**

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Signature*

Date: **21/09/2021**