

Internal Use

Checklist for Sales Team Member Opening Distributorship

Particulars		Yes	No
<b>Distributorship Form</b>			
		✓	
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		
<b>Supporting Documents</b>			
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 \_\_\_\_\_



**Part D: Financial Information of Applicant**

26) Primary Bank Account of Business\*  
 Name of the Bank

STATE BANK OF INDIA  
 HARISHCHANDRA PUR

Name & address of Branch

SAINO 001449

IFSC Code of Branch

SBIN0001449

Type of Account:  Savings  Current  Other

Account No. 11851981070

27) Does the applicant have CC/OD facility from any bank\*? Yes  / No   
 If Yes, Name of Bank

STATE BANK OF INDIA  
 HARISHCHANDRA PUR

Name & address of Branch

CC/OD Limit (Approx. in Rs lakhs) 40

paid through  Cheque No.  / RTGS

28) Security Deposit\* of Rs.  paid through  Cheque No.  / RTGS   
 29) Is the Official Shop used by the Distributor, owned by the Distributor\*? Yes  / No   
 If Yes, approx. size  Address:

30) Is the Godown used by the Distributor, owned by the Distributor\*? Yes  / No   
 If Yes, approx. size  Address:

34) Number of staff employed by the applicant 03

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 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 F: General**  
 The general terms and conditions of the contract shall be as per the terms and conditions of the contract. The Distributor is required to restrict his operations in the area designated to restrict his operations. While the Distributor will appoint his operations in the area designated to restrict his operations, the Distributor will be responsible for the operations in the area designated to restrict his operations. In addition to the operations in the area designated to restrict his operations, the Distributor will be responsible for the operations in the area designated to restrict his operations.

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

Signed, sealed and dated Distributorship Form along with the following mandatory documents	1. Signed copy of ID Proof (Aadhaar Card/ Passport/ Driving License)
For Proprietorship	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

Mob No: 8336929400

**Customer Care**

Email: customer\_care\_uacisandb@unip...

**Part B: Business Background of Applicant**

Year of Establishment: **1987**

Seeds: **23**

12) Year of Establishment: **1987**

13) Number of years for which you are dealing in Seeds: **23**

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
Banarshi Pvt Ltd		Paddy Seed	
Sauvra Seeds		So	
Patil Seeds Ltd		So	
Ashwini Seed Corp		Mustard, Jute	

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
Tulshikaha			1. 2. 3.
Kushidaha			1. 2. 3.
Kumelapur			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 **ICL, ICL**  
 Pesticides  as Distributor of **ICL, ICL**  
 Others  (specify) **Dejar, Syngenta, ICL**

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

**Part C: Field Crops are primarily cultivated**

Key Variety
Improved / HYV
Improved / HYV
Hybrid / HYV
Hybrid
Hybrid
Hybrid

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

Which Field Crops are primarily cultivated in this area?

Paddy			
Type	Key Variety	Companies Offering Them	Approx. Volume (In MT)
OP	MTU-7025	SUPALA	5 ton
OP	BB-11	SUPALA + BASUDHA	40 ton
OP	PR-64	GANGA KARRI	100 ton
Improved / HYV	JAMUNA	PAN	15 ton
Improved / HYV	BB GOLD	SUPALA	10 ton
Improved / HYV	MEGHNA	GMS	15 ton
Hybrid	6446 Gold	PI	
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		
Field Crop		
Field Crop		
Field Crop		
Vegetable		
Vegetable		
Vegetable		

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

*Harish Chandrapur, Malda District*

26) Name your preferred Transporter / Courier\*

*Janata Carrying Corporation / DTDC.*

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

# 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

- Name of the Organization\* **ROY ENTERPRISE**
- Full Postal Address for correspondence\*:  
Type of Location: Office  Shop  Godown  Residence   
Street Name **BANK ROAD**  
P.O **HARISHACHANDRA PUR** District **MALDA**  
State **WEST BENGAL** PIN Code **732125**
- Nature of the Entity\*: Sole Proprietorship  Partnership  Private Limited Co.   
Cooperative/ Society  Others  (Specify) \_\_\_\_\_
- Name of Representative\*: Proprietor  / Managing Partner  / Director  / Authorised Signatory   
**ASIMA ROY**
- Telephone No:  
Office /Shop Landline: (STD Code) \_\_\_\_\_  
Residence Landline: (STD Code) \_\_\_\_\_  
Mobile\*: +91 **9434055242** WhatsApp Mobile: +91 **9733430875**  
Email ID\*: **tarakeswarroy@yahoo.com**
- Preferred mode of communication: Email  SMS  Whatsapp
- Income Tax Permanent Account No\*: **ACWPR8753M**
- Is the applicant registered under GST\*: Yes  No
- If yes, is the applicant registered under Composite Scheme of GST:  Yes  No
- GST No **19ACWPR8753M2Z7**
- Seeds Licence No\* **506297**  
Valid Up to\* **31/03/2026** Issued By **STATE OF WEST BENGAL**

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



Name\* **TARAKESWAR ROY**

Gender\*: Male  Female

Relationship with applicant\*: Owner  Partner  Director  Others

Signature\*  
**Tarakeswar Roy**

Date: **02/09/2021**