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(For Office use only)



UACI SEEDS & BIOTECH PRIVATE LIMITED (Formerly Swarna Seeds)

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

APPLICATION FOR DISTRIBUTORSHIP

Part A: Basic Information of Applicant

1) Name of the Organization* SAMANTA AEFJ STORES

2) Full Postal Address for correspondence*:
Type of Location: Office Shop Godown Residence
Street Name MIDNAPURAH TOWIN
WEST BENGAL
P.O. MIDNAPURAH District PASCHIM MIDNAPURAH
State WEST BENGAL PIN Code 721101

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

4) Name of Representative*: Proprietor / Managing Partner / Director / Authorised Signatory
SHYAMAL SAMANTA SULEKHA SAMANTA BUBAC SAM

5) Telephone No:
Office /Shop Landline: (STD Code)
Residence Landline: (STD Code)
Mobile*: +91 9936005134 WhatsApp Mobile: +91
Email ID*:
Preferred mode of communication: Email SMS Whatsapp
Income Tax Permanent Account No*: AELFS01135F
Is the applicant registered under GST*: Yes / No
If yes, is the applicant registered under Composite Scheme of GST: Yes No
GST No
Seeds Licence No* SOH328
Valid Up to* 30/03/2025 Issued By

Signature and Photograph of Person Authorized to Represent the Applicant

Office photograph* 

Name*

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Signature Shyamal Samanta

Date: 22/10/2021

Part B: Business Background of Applicant

- 12) Year of Establishment
- 13) 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
- 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
PAN SEEDS PVT. LTD	20	PADDY & VEG	1000-MT
PALLISHRE LTD.	19	do	300-MT
MALTI AGRITECH PVT. LTD	15	do	100-MT.

- 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
			1. 2. 3.
			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

Part C: Market Intelligence & Sales Plan

Field Crops are primarily cultivated in this area?

Type	Key Variety	Key Brands	Approx. Volume (in MT)
Improved / HYV			
Improved / HYV			
Improved / HYV			
Hybrid			
Hybrid			
Hybrid			

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

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

Type	Key Variety	Maize 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		

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

PASCHIM MIDNAPORE

6) Name your preferred Transporter / Courier*

TARA TRANSPORTER

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

Part D: Financial Information of Applicant

- 28) Primary Bank Account of Business*:
 Name of the Bank SBI
 Name & address of Branch MIDWAPORE TOWN
DIST PASCHEIM MIDWAPORE
 IFSC Code of Branch SBIN0063806
 Account No 40895991955 Type of Account: Savings/Current/OD / /
- 29) Does the applicant have CC/OD facility from any bank*? Yes / No
 If Yes, Name of Bank SME BRANCH
 Name & address of Branch PO-MEDIWIPUR DIST + PASCHEIM
MIDWAPORE
 CC/OD Limit (Approx. in Rs lakhs) 80-LAKH / RTGS
- 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: MIDWAPUR TOWN
- 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@universallag

5. The Distributor paying through cheque must ensure that the cheque issued by him is honored. If the bank on whom the cheque is drawn, dishonors the cheque for reasons related to then the company will levy a cheque Dishonor charge on the Distributor without prejudicing its recourse for such dishonor
6. The company will provide a standard credit period of 60 days from the date of the invoice. The company may levy interest on Overdue payments
7. The company will generally not accept any Sales Return unless the material supplied were damaged in transit. 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 terms of this policy for matters relating to Sales Return and 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

I, Shylo Saha acting on behalf of Samanta Bee's Stores
 (Name of Representative*) (Name of Distributor*)

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

Shylo Saha
 (Signature of Representative of Distributor*)

SAMANTA BEE'S STORES
Shylo Saha
 Partner
 (Stamp of Distributor*)

Date: 28/10/21
 Place: Mid

Shylo Saha

Name of Company Official	Signature of Company Official

States Team Member Opening Distributorship		Yes	No
Distributorship Form			
Mandatory fields on Page 1 filled up			
Mandatory fields on Page 2 filled up			
Mandatory fields on Page 3 filled up			
Mandatory fields on Page 4 filled up			
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			
Signed By:			
Company Official		Signature of Company Official	