

Internal Use

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:	
Name of Company Official	Signature of Company Official

15. The Distributor paying through cheque must ensure that the cheque issued by him is honored on the date of the cheque. If the bank on whom the cheque is drawn, dishonors the cheque for reasons related to "Insufficient funds" or "Account closed", then the company will levy a cheque Dishonor charge on the Distributor without prejudicing its right to seek recourse for such dishonor.
16. The company will provide a standard credit period of 60 days from the date of the invoice. The company may offer Cash Discounts for paying dues within 60 days, the details of which are usually provided in the Price List or Schemes applicable for the period. Dues remaining unpaid above 180 days will be considered as Overdue. The company may levy interest on Overdue payments.
17. 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 available in the yearly Sales Return policy. The Distributor is required to follow 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 customer-care_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, _____ acting on behalf of _____
 (Name of Representative*) (Name of Distributor*)

- hereby acknowledge that
- I have read, understood and agreed to all the terms and conditions of business
 - 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

Manab Deu

 (Signature of Representative of Distributor*)

MANAB DEY
 HINDU SINGHATI
 Nowpara-I, Nadia

 (Stamp of Distributor*)

Date: 24/8/2021
 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 BANDHAN BANK
 Name & address of Branch SONDANSA
 IFSC Code of Branch BDBL0001632 Type of Account: Savings/Current/OD
 Account No 6918000259931 Does the applicant have CC/OD facility from any bank*? Yes / No

29) If Yes, Name of Bank _____
 Name & address of Branch _____

30) Security Deposit* of Rs. 10000 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 1200 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

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	15000	20000
Field Crop		
Field Crop		
Field Crop		
Vegetable		
Vegetable		
Vegetable		

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

Ghatiswar

26) Name your preferred Transporter / Courier*

DTDE

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

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

- 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
- _____
- _____

SI No. _____
(For Office use only)



Speed Licence / Bank Acc Below
Adhar card / GST

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* **MANAB DEY**
- Full Postal Address for correspondence*:
Type of Location: Office Shop Godown Residence
Street Name **VILL-HINDU SINGHATI**
P.O **GHIATESWAR** District **NADIA**
State **WEST BANGLE** PIN Code **741154**
- Nature of the Entity*: Sole Proprietorship Partnership Private Limited Co.
Cooperative/ Society Others (Specify) _____
- Name of Representative*: Proprietor / Managing Partner / Director / Authorised Signatory
- Telephone No:
Office /Shop Landline: (STD Code) _____
Residence Landline: (STD Code) _____
Mobile*: +91 **7001289143** WhatsApp Mobile: +91 **9153177847**
Email ID*: **picksong700@gmail.com**
- Preferred mode of communication: Email SMS Whatsapp
- Income Tax Permanent Account No*: **AGHPD9856A**
- Is the applicant registered under GST*: Yes / No
- If yes, is the applicant registered under Composite Scheme of GST: Yes No
- GST No **19AGHPD9856A1ZC**
- Seeds Licence No* **S03445**
Valid Up to* **APPLY FOR RENEWAL** Issued By **17042017**

Signature and Photograph of Person Authorized to Represent the Applicant

Affix photograph*	Name* _____
	Gender*: Male <input type="checkbox"/> Female <input type="checkbox"/>
	Relationship with applicant*: Owner <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Others <input type="checkbox"/>
	Signature* Manab Dey
	Date: _____