

स्थाई लेखा संख्या /PERMANENT ACCOUNT NUMBER

AIRPS3690K



नाम /NAME
ALOKE SEN

पिता का नाम /FATHER'S NAME
RAKHA HARI SEN

जन्म तिथि /DATE OF BIRTH
02-07-1965

हस्ताक्षर /SIGNATURE

Alope Sen



इस कार्ड के खो / मिल जाने पर कृपया जारी करने वाले प्राधिकारी को सूचित / वापस कर दें
सहायक आयकर आयुक्त,
पी-7,
चौरंगी स्क्वायर,
कलकत्ता - 700 069.

In case this card is lost/found, kindly inform/return to the issuing authority :
Assistant Commissioner of Income-tax,
P-7,
Chowringhee Square,
Calcutta- 700 069.

B. Das

आयकर आयुक्त, प.ब.-11

COMMISSIONER OF INCOME-TAX, W.B. - 11



ভারতীয় বিশিষ্ট পরিচয় প্রমাণকরণ

ভারত সরকার

Unique Identification Authority of India
Government of India

তালিকাভুক্তির আই ডি / Enrollment No.: 1058/20115/01958

To

অলোক সেন

Aloke Sen

S/O: Rakhahari Sen

2NO SHYAM BAZAR . MAYUR MAHAL

MAYUR MAHAL 2NO shyambajar

Burdwan

Burdwan Rajbari

Burdwan - I Bardhaman

West Bengal 713104

05/11/2013

67951293



MN679512932FT



আপনার আধার সংখ্যা / Your Aadhaar No. :

5377 7974 2136

আধার - সাধারণ মানুষের অধিকার



ভারত সরকার

Government of India



অলোক সেন

Aloke Sen

জন্মতারিখ / DOB : 02/07/1965

পুরুষ / Male



5377 7974 2136

আধার - সাধারণ মানুষের অধিকার



STATEMENT OF ACCOUNT

INDOAN BANK
 BUKURWAN BRANCH
 Manorama SadanLatta Centre
 73 P B LK080 P.U. - BUKURWAN
 WEST BENGAL
 713101
 BRANCH CODE: 9047 / PHONE NO: 2665510

Prop. :: ALUKE SEN
 PENTULALA BAZAR
 POST OFFICE BUKURWAN
 DISTRICT BUKURWAN Barodhman M / 713101

Account No. : 5025059342/
Product : LA-GEN-PUB-METRU/UKDRF-1PK
Currency : INR

Statement From 01/10/2021 **To** 31/10/2021 **Date :** 08/11/2021 **Time :** 17:05:47

e-mail : **ROMBEE name :**

Cleared balance : 00,438,550/- **Uncleared Amount :** 0,00 **Page No. :** 1
Limit : 0,00 **Drawing Power :** 0,00 **Int. Rate :** 14.75 % P.A.

Post Dt	Val Dt	Details	Chq.No.	Debit	Credit	Balance
BROUGHT FORWARD						
04/10/21	04/10/21	BY VOUCHER TRF UNRECORDED			1,700.00	55,118,550/-
05/10/21	05/10/21	BY CASH DEPOSIT DEPOSIT BY SELF			40,000.00	95,118,550/-
05/10/21	05/10/21	BY VOUCHER TRF UNRECORDED		40,000.00		55,118,550/-
06/10/21	06/10/21	BY VOUCHER TRF UNRECORDED			13,800.00	68,918,550/-
06/10/21	06/10/21	ATM SERV ICE BRAN UPI TRANSFER/12/9/31022180/PAYMENT FROM PHONE			41,000.00	27,918,550/-
07/10/21	07/10/21	BY VOUCHER TRF UNRECORDED			27,000.00	0,918,550/-
08/10/21	08/10/21	BY VOUCHER TRF UNRECORDED			2.00	0,916,550/-
08/10/21	08/10/21	BY VOUCHER TRF UNRECORDED		483.00		0,433,550/-
10/10/21	10/10/21	BY VOUCHER TRF UNRECORDED			14,000.00	0,293,550/-
11/10/21	11/10/21	BY CASH DEPOSIT DEPOSIT BY SELF CASH DEP/BUKURWAN			74,000.00	1,03,293,550/-
11/10/21	11/10/21	BY VOUCHER TRF UNRECORDED		20,000.00		83,293,550/-
11/10/21	11/10/21	BY VOUCHER TRF UNRECORDED			27,000.00	56,293,550/-
						1,03,048,550/-

CARRIED FORWARD :

Statement Summary **Dr. Count 0** **Cr. Count 0** **1,04,965.40** **2,04,500.00**

In Case Your Account is Operated by A Letter Of Authority/Power Of Attorney Holder, Please Check The Transaction with Extra Care

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" then the company will levy a cheque Dishonor charge on the Distributor without prejudicing its right to seek legal 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 on 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 customercare_uacisandb@universलगri.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 Aloke Sen
(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

SEN BEEJ BHANDAR
TENTULTALA BAZAR
BURDWAN-1
Moblie:-8900502664
(Stamp of Distributor*)

(Signature of Representative of Distributor*)

Date:

Place:

Name of Company Official	Signature of Company Official

FORM 'A'

(See clause 4)

FORM OF APPLICATION TO OBTAIN DEALER'S LICENSE

To,
The Registering Authority,

Asst. DA (Admin) Bardhaman Sadar

(a) Full name and address of the applicant.

Name and postal address: Aloke Sen

Name of the concern: SEN BEEJ BHANDAR

Existing Licensing Number: 494/Assit.D.A.(Admin)Bdnr(s)/Bdn/Muni/R/2018-2021

Date of issue: 12/03/2018

Valid upto: 31/03/2021

(b) Place of business (Please give exact address)

(a) For Sale

Post office :

Police station :

Pin code :

Road :

Municipality :

Ward no. :

Holding no. :

Land mark :

Subdivision :

District :

State :

BURDWAN HEAD POST OFFICE
BURDWAN SADAR

713101

104, M K CHATTERJEE LANE

BURDWAN MUNICIPALITY

31

37

MOUZA - RADHANAGAR

Bardhaman Sadar

Purba Bardhaman

West Bengal

(b) For Storage :

Name

Road :

Municipality :

Ward no. :

Holding no. :

Land mark :

Subdivision :

District :

State :

SEN BEEJ BHANDAR, PROPRIETOR-

ALOKE SEN

104, M K CHATTERJEE LANE

BURDWAN MUNICIPALITY

31

37

MOUZA- RADHANAGAR

Bardhaman Sadar

Purba Bardhaman

West Bengal

2. Is it a proprietary/partnership/Limited Company/Hindu undivided family concern? Give the Name(s) and address(es) of proprietor/partner/Manager/Karta.

Proprietary firm

Place: _____ Dated: 26/3/2021

Aloke Sen
Signature of Applicant



Maynaguri Branch
Debrajpur, Midana, Post - Maynaguri, Dist. - Jalpaiguri, West Bengal. Pin - 735224
RTGS / NEFT / FPS Code : ICIC0002621

AC PAYEE

VALID FOR THREE MONTHS ONLY
15 12 20 21
D D M M Y Y Y Y

Pay YOUR SELF FOR NEFT

Rupees one Lac only. -x-

OR ORDER

₹ 1,00,000/-

AC No. 262105500040

CAKIT CBS
BUSINESS BANKING - CURRENT ACCOUNT
Payable at par at all branches of ICICI Bank Limited in India

17/6/21



Tapan Kumar Dey

TAPAN KUMAR DE

Please sign above

⑈002684⑈ 73522950⑈ 500040⑈ 29

का नाम: TAPAN KUMAR DEY
Address/ पता: MAYNAGURI
Mobile/ Other Number/ मोबाइल/ अन्य नंबर: 8509708980

DETAILS OF BENEFICIARY/ हितधारक का विवरण

Beneficiary's Name/ हितधारक का नाम: UACI SEEDS BIO TECH PVT LTD
Account Number/ खाता संख्या: 828210138208
Bank Name/ बैंक का नाम: DBS BANK INDIA LTD
IFSC Code (11-digit) / आई एफ सी कोड (11-अंक): DBSS01N0828
Branch Address/ शाखा का पता: 4A NANDALAL BASU SARANI KOLKATA
Mention Account Number Again/ पुनः खाता संख्या लिखें: 828210138208
Remarks (if any)/ टिप्पणी (यदि हो): -71

Terms and Conditions / नियम और शर्तें

- This transfer is valid for a single transaction./ यह ट्रांसफर एकल व्यवहार (ट्रान्सेक्शन) के लिए ही मान्य है.
- The fund transfer will be governed by the Terms and Conditions given on our website www.icicibank.com./ फंड ट्रांसफर हमारी वेबसाइट www.icicibank.com पर दिए गए नियमों व शर्तों द्वारा शासित होगा.
- I/We authorise ICICI Bank to recover charges as may be applicable by debiting my account as mentioned above./ मैं/ हम आई सी आई बैंक को अधिकृत करते हैं कि यह लागू शुल्कों को मेरे/हमारे खाते में डेबिट करके वसूल करे.
- I/We understand that as per the RBI circular dated October 14, 2010, transfer of funds through electronic mode will be executed only on the basis of the account number of the beneficiary provided while initiating the transaction; name will not be considered as a criteria for providing credit./ हम जानते हैं कि अगर बी आई एफ सी दिनांक 14 अक्टूबर, 2010 के अनुसार, इलेक्ट्रॉनिक विधि के माध्यम से फंड्स का ट्रांसफर ट्रांसेक्शन करते समय दिए गए केवल हितधारक की खाता संख्या के आधार पर ही होगा, और क्रेडिट देने के लिए नाम के मापदंड पर विचार नहीं किया जाएगा.
- I understand that this facility is available only at select locations and banks covered under Electronic Funds Transfer facility offered by RBI. मुझे पता है कि यह सुविधा केवल चुनिंदा स्थानों और बैंकों में ही उपलब्ध है, जो अगर बी आई द्वारा दी गई इलेक्ट्रॉनिक फंड ट्रांसफर सुविधा के अंतर्गत शामिल हैं.
- Transfer of an amount up to ₹ 40,999 in cash permissible using this facility./ यह सुविधा प्रयोग करने पर ₹ 40,999 तक की राशि नकद ट्रांसफर कर सकते हैं.
- Photo ID proof to be given by non customer for cash payment above ₹ 5,000 / ₹ 5,000 से अधिक के नकद के भुगतान के लिए गैर-ग्राहकों को फोटो पहचान-पत्र देना होगा.

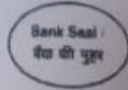
Customer Signature (s) ग्राहक के हस्ताक्षर

Signature: [Blank] Name: [Blank]

*(Primary Applicant / प्राथमिक आवेदक) *(Joint Applicant 1/ संयुक्त आवेदक 1) *(Joint Applicant 2 / संयुक्त आवेदक 2)

Date/ दिनांक _____ Customer Acknowledgment/ ग्राहक की स्वीकृति

We acknowledge receipt of NEFT instruction(s). Reference no./ हम एन ई एफ टी निर्देश की प्राप्ति को स्वीकार करते हैं. संदर्भ क्र. _____
Branch/ शाखा: _____ Name and Signature of Bank Official / बैंक अधिकारी का नाम व हस्ताक्षर _____



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)
C/F	1008/4051/Neelavandya		
SSG/Bitteryam	19/50, NANO, 1931		
CAB	Green, Moon,		
Peas			

23) Which are main companies operating in this area?

Company Name	Key products	Approx. Turnover	Sales Team Size	Mode of work
MONSANTO				
PAN				
BIOSCO				
ANKUR				

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)*?

Bardhaman

26) Name your preferred Transporter / Courier*

Kuber Singh Transport, D.T.D.C. Courier.

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

Change the Packing Style, SSG Seed area Supply timely.

Part B: Business Background of Applicant

12) Year of Establishment: 1962

13) Number of years for which you are dealing in Seeds: 1965

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
SEMINIS	10	C/F, Beans	
PAN SEEDS	12	C/F, SSG.	
BIOSEEDS	4	veg. all	
ANKUR SEEDS	3	veg all	

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
Bardhaman	1.2 cr.	65	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 D: Financial Information

- 28) Primary Bank Account of Business:
- Name of the Bank INDIAN BANK
- Name & address of Branch MUNORAMA SADANA DISTRICT CENTER
- IFSC Code of Branch 1D1E0100B888 Type of Account: Savings/Current/OD
- Account No. 50280593427
- 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 300 Address: TEJUPITALA BA 29th
- 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 2
- 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)	1.
2. Signed copy of Address Proof (Aadhaar Card/ Passport)	2.
3. Signed copy of PAN	3.
4. Signed copy of GST Certificate (if applicable)	4.
5. Signed copy of Seed License	5.
6. Statement of primary bank account(s) of business evidencing debit and credit transactions, for the last 3 months	6.
7. Signed copy of registered partnership deed	7.
8. Authorization from all partners allowing representative to act and sign on behalf of the firm	8.
Additional documents for Partnership Firm	
7. Signed copy of Memorandum and Articles of Association	7.
8. BOD resolution allowing representative to act and sign on behalf of the company	8.
Additional documents for Private Limited Company	

Customer Care

Mob No: 8336929400

Email: customercare_uacisandb@universalagri.in

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* **SEN BEEJ BHANDER**
- 2) Full Postal Address for correspondence*:
Type of Location: Office Shop Godown Residence
Street Name **TETULTALA BAZAR**,
P.O **BARDHAMAN** District **PURBA BARDHAMAN**
State **WEST BENGAL** PIN Code **713101**
- 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
ALOKE SEN
- 5) Telephone No: **8900502664**
Office /Shop Landline: (STD Code) _____
Residence Landline: (STD Code) _____
Mobile*: +91 _____ WhatsApp Mobile: +91 **8250874950**
Email ID*: **SENBEEJBHANDER@GMAIL.COM**
- 6) Preferred mode of communication: Email SMS Whatsapp
- 7) Income Tax Permanent Account No*: **AIRPS3690K**
- 8) Is the applicant registered under GST*: Yes / No
- 9) If yes, is the applicant registered under Composite Scheme of GST: Yes No
- 10) GST No _____
- 11) Seeds Licence No* _____
Valid Up to* ____/____/____ Issued By _____

Signature and Photograph of Person Authorized to Represent the Applicant



Name* _____

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Signature*

Aloke Sen

Date: **04/12/2021**

