

Internal Use		Yes	No
Checklist for Sales Team Member Opening Distributorship			
Particulars			
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		
Signed By:		Signature of Company Official	
Company Official			
7			
Signed By:			
(Sayak Dey/ Sushmita Roy/ Subhomoy Roy/ Sourav Majumder)			

15. The Distributor paying through cheque must ensure that the cheque is drawn, endorsed and cleared by the company within 60 days from the date of the invoice. The company will not be liable for the outcome of such transactions.
16. The company will provide a standard credit period of 60 days from the date of the invoice. The company will not be liable for the outcome of such transactions.
17. Cash Discounts for paying dues within 60 days, the details of which are usually provided in the company's terms and conditions, shall be available for the period. Dues remaining unpaid above 180 days will be considered as overdue. The company may, in its interest, not accept any Sales Return unless the material supplied was 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 and conditions of the 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 of 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 unconnected 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 customerscare_jardisandb@univensatagri.in or by calling the Customer Care Helpline at +91 8006925408.
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 mode 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 TSN.
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.

Abhimanyu Kumar acting on behalf of AGRICULTURE CENTRE
 (Name of Representative) (Name of Distributor)

I 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 to the best of my knowledge and understanding.

Abhimanyu Kumar Proprietor
 (Signature of Representative of Distributor) (Stamp of Distributor)

Name of Company Official Signature of Company Official
Arvind Kumar

Part D: Financial Information of Applicant

28) Primary Bank Account of Business*
 Name of the Bank
 Name & address of Branch
 IFSC Code of Branch Type of Account: Savings/Current/
 Account No. / No

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) paid through Cheque No. / 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:

32) 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

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

7) 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 deposits and 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 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@ur

Part B: Business Background of Applicant

12) Year of Establishment: 2016 Yes / No

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)



Seed License / Renewal
Seed License

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* AGRICULTURE CENTRE
- 2) Full Postal Address for correspondence*:
Type of Location: Office Shop Godown Residence
Street Name OPPOSITE GIRL HIGH SCHOOL
DHARAMSHALA ROAD
P.O SASARAM District ROHTAS
State BIHAR PIN Code 821115
- 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
ABHIMANYU KUMAR
- 5) Telephone No:
Office /Shop Landline: (STD Code) _____
Residence Landline: (STD Code) _____
Mobile*: +91 9470057900 WhatsApp Mobile: +91 7759945849
Email ID*: centre.agriculture@gmail.com
Preferred mode of communication: Email SMS Whatsapp
Income Tax Permanent Account No*: AJHPK4395A
Is the applicant registered under GST*: Yes No
If yes, is the applicant registered under Composite Scheme of GST: Yes No
GST No 10AJHPK4395A1ZO
Seeds Licence No* _____
Valid Up to* ____/____/____ Issued By D.A.O.ROHTAS

Signature and Photograph of Person Authorized to Represent the Applicant



Name* ABHIMANYU KUMAR

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Signature*

Abhimanyu Kr.

Date: 11/08/2023