

| | Yes | No |
|--|-----|----|
| 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

Tankaj Kumar Bhatnagar

15. The Distributor paying through cheque must ensure that the cheque issued by him is cashed by the bank on whom the cheque is drawn, dishonors the cheque for reasons other than recourse for such dishonor.
 16. The company will provide a standard credit period of 60 days from the date of the invoice. The company will levy a cheque Dishonor charge on the Distributor without preparation of Cash Discounts for paying dues within 60 days, the details of which are usually provided in the Schemes applicable for the period. Dues remaining unpaid above 180 days will be considered as company may levy interest on Overdue payments.
 17. The company will generally not accept any Sales Return unless the material supplied were damaged. However, for select products, the company allows Sales Return within certain limits and under certain conditions. The Distributor is required to follow the details of which are available in the yearly Sales Return policy. The Distributor is required to follow the policy for matters relating to Sales Return and obtain prior approval from the responsible sales officer for 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 un sanctioned 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.
- 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.
- Disputes, if any, will be subject to the jurisdiction of the courts of Kolkata, West Bengal.



acting on behalf of PANKAJ KUMAR BHAGAT
 (Name of Representative*) (Name of Distributor*)

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

(Signature of Representative of Distributor*)

Pankaj Kumar Bhag
~~Pankaj Kumar Bhag~~
 Proprietor
 (Stamp of Distributor*)
Pankaj Kumar Bhag
 Proprietor

| Name of Company Official | Signature of Company Official |
|--------------------------|-------------------------------|
| | |



Part D: Financial Information of Applicant

28) Primary Bank Account of Business*:
 Name of the Bank: INDIAN OVERSEAS BANK
 Name & address of Branch: BANKHOLA BRANCH
 IFSC Code of Branch: IIOBA0003429
 Account No: 342902000000143
 Type of Account: Savings/Curr. / RTGS

29) Does the applicant have CC/OD facility from any bank*? Yes / No
 If Yes, Name of Bank: _____
 Name & address of Branch: _____

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: BANKHOLA BAZAR
 NEAR DUBHAMANDIR

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

33) _____

34) Number of staff employed by the applicant: TWO

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 de 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 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 beha |

Customer Care

Mob No: 8336929400

Email: customercare_uacisandb@uni

Part C: Market Intelligence & Sales Plan

Which Field Crops are primarily cultivated in this area?

| Type | Key Variety | Paddy Companies Offering Them | Approx. Volume (In MT) |
|----------------|-------------|----------------------------------|------------------------|
| OP | | | |
| OP | | | |
| OP | | | |
| 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) |
|------|-------------|----------------------------------|------------------------|
| | | | |
| | | | |
| | | | |

What are the important Vegetable crops cultivated in this area?

| Crops | Key Variety | Key Brands | Approx. Volume (In MT) |
|-------|-------------|------------|------------------------|
| | | | |
| | | | |
| | | | |

Which are main companies operating in this area?

| Company Name | Key products | Approx. Turnover | Sales Team Size | Mode of work |
|--------------|--------------|------------------|-----------------|--------------|
| | | | | |
| | | | | |
| | | | | |

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 | | |

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

Name your preferred Transporter / Courier*

LOGSTIK TRANSPORT, DAKHOLA

Please share if you have any suggestions to improve business

Thank you

Sl 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@universallagri.in,
Website: www.universallagri.net

APPLICATION FOR DISTRIBUTORSHIP

Part A: Basic Information of Applicant

Name of the Organization* PANKAJ KUMAR BHAGAT

Full Postal Address for correspondence*:

Type of Location: Office Shop Godown Residence

Street Name DALKHOLIA BAZAR
NEAR DURVA MANDIR

P.O. DALKHOLIA District UTTAR DINAJPURA

State WEST-BENGAL PIN Code 732201

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

Name of Representative*: Proprietor / Managing Partner / Director / Authorised Signatory

PANKAJ KUMAR BHAGAT

Telephone No:

Office /Shop Landline: (STD Code) _____

Residence Landline: (STD Code) _____

Mobile*: +91 8436526383 WhatsApp Mobile: +91 8436526383

Email ID*: BHAGAT PANKAJ 045@gmail.com

Preferred mode of communication: Email SMS Whatsapp

Income Tax Permanent Account No*: AKBPB9314Q

Is the applicant registered under GST*: Yes / No

Yes, is the applicant registered under Composite Scheme of GST: Yes No

GST No: 19AKBPB9311Q1ZU

Seeds Licence No* S07273

Valid Up to* 16/03/2026 Issued By _____

Signature and Photograph of Person Authorized to Represent the Applicant



Name* PANKAJ KUMAR BHAGAT

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Signature*
Pankaj Kumar Bhagat

Date: 25/10/24

Pankaj Kumar Bhagat