

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@universalsagri.in,
Website: www.universalsagri.net

APPLICATION FOR DISTRIBUTORSHIP

Part A: Basic Information of Applicant

- 1) Name of the Organization* **TARUN KANTI BERA**
- 2) Full Postal Address for correspondence*:
Type of Location: Office Shop Godown Residence
Street Name **JUKHIA**
P.O **JUKHIA BAZAR** District **PURBA MEDINIPUR**
State **WEST BENGAL** PIN Code **721430**
- 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
TARUN KANTI BERA
- 5) Telephone No:
Office /Shop Landline: (STD Code) _____
Residence Landline: (STD Code) _____
Mobile*: +91 **9732723630** WhatsApp Mobile: +91 **9732723630**
Email ID*: **bera.amvp2@gmail.com**
- 6) Preferred mode of communication: Email SMS Whatsapp
- 7) Income Tax Permanent Account No*: **AKQP04564L**
- 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* **S01072**
Valid Up to* ____/____/____ Issued By _____

Signature and Photograph of Person Authorized to Represent the Applicant



Name* **TARUN KANTI BERA**

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Signature*

Tarun Kanti Bera.

Date: **10 09 2021**

Part B: Business Background of Applicant

12) Year of establishment

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

Yes / No

14) Are you a Distributor of any other company dealing in Feed 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 PI Industries Ltd
 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

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		
Field Crop		
Field Crop		
Field Crop		
Vegetable		
Vegetable		
Vegetable		

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

26) Name your preferred Transporter / Courier*

Dizen Maity Loxy

27) 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 STATE BANK OF INDIA
 Name & address of Branch HERIA BAZAR VILL-UDAKHALI
 IFSC Code of Branch P.O-HERIA, PS-KHEJUR, PIN-721430
 Account No 33400198722 Type of Account: Savings/Current/OD / /

29) Does the applicant have CC/OD facility from any bank*? Yes / No
 If Yes, Name of Bank BANGIYA GRAMIN VIKASH BANK
 Name & address of Branch JHUKIA BAZAR, VILL+PO-JHUKIA
BAZAR, DIST-PURBA MEDINIPUR PIN-721430
 CC/OD Limit (Approx. in Rs lakhs) 8 LAKHS / 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: VILL+PO-JUKHIA CAZER
PIN-721430

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

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

15. The Distributor paying through cheque must ensure the cheque is drawn, dishonors the cheque without prejudicing the bank 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 or Schemes applicable for the period. Dues remaining unpaid above 180 days will be considered as Overdue. The company will generally not accept any Sales Return unless the material supplied were damaged in transit.
17. 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@univarsalagri.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, Tarun Kanti Bera, acting on behalf of Tarun Kanti Bera,
(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

Tarun Kanti Bera,
(Signature of Representative of Distributor*)

TARUN KANTI BERA
VILL & P.O. - JUKHIA BAZAR
P.S. - BHUPATINAGAR
DIST. - PURBA MEDINIPUR
Pin - 721430

Date: 10.09.2021
 Place: Jukhia Bazar,

Name of Company Official	Signature of Company Official

For Internal Use

Checklist for Sales Team Member Opening Distribution

Particulars	Yes	No
Distribution Form		
1. No. Distributors, both on Page 1 filled up	Yes	
2. No. Distributors, both on Page 2 filled up	Yes	
3. No. Distributors, both on Page 3 filled up	Yes	
4. No. Distributors, both on Page 4 filled up	Yes	
5. No. Distributors, both on Page 5 filled up	Yes	
Signature of representative either on Page 1		
Photograph of representative either on Page 1		
Signature of representative either on Page 2		
Supporting Documents		
E-Proof/Audhaar Card/Passport/Driving License		
Name on E-proof/other with PAN		
Signed and stamped		
Signed copy of Address Proof/Audhaar Card/Passport		
Name or address proof/other with E-Proof		
Address or address proof/other with PAN/License		
Signed and stamped		
Signed copy of PAN		
Name on PAN/other with E-proof		
Signed and stamped		
Signed copy of GST Certificate (if applicable)		
Name on Certificate/other with E-Proof		
Signed and stamped		
Signed copy of Sales License		
Name on license/other with E-Proof		
License is valid on the date of form		
Last proof of application for renewal has been collected		
Signed and stamped		
Statement of primary bank accounts of business		
Name on account/other with E-Proof		
Period is for last 3 months		
Primary bank account of business with significant transactions		
Signed and stamped		
Bank Cheques		
3 cheques		Yes
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 _____