

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:	Signature of Company Official
Name of Company Official	

15. The Distributor paying through cheque must ensure that the cheque issued by the bank on whom the cheque is drawn, dishonors the cheque for insufficient funds, then the company will levy a cheque Dishonor charge on the Distributor without recourse for such dishonor
16. The company will provide a standard credit period of 60 days from the date of the invoice. Cash Discounts for paying dues within 60 days, the details of which are usually given in the Schemes applicable for the period. Dues remaining unpaid above 180 days will be subject to company may levy interest on Overdue payments
17. The company will generally not accept any Sales Return unless the material supplied by the distributor. However, for select products, the company allows Sales Return within certain limits and the details of which are available in the yearly Sales Return policy. The Distributor is responsible for this policy for matters relating to Sales Return and obtain prior approval from the responsible authority for dispatching material. The company will not provide any credit for material returned in violation of the policy
18. The Distributor is required not to enter into any financial transactions with any member of the sales team in the form of material or funds. All such transactions will be considered as personal 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 approval 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 company at all times and is required not to tamper with the packets, designs, logos and trademarks in any way. Any unauthorized use of the company's designs, logos and trademarks will be considered as 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 Credit Notes and others with respect to its transactions with the company. Further, the Distributor 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 through registered email or through any other preferred mode of communication. However, the Distributor can request an updated account statement at any time by sending email at customercare_uacisandb@universalsagri.com or 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 through his registered email or through any other preferred modes of communication. The Distributor is required to reconcile 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, _____ (Name of Representative*) acting on behalf of _____ (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

M/S. Basundhara Nursery

Aravash Ghosh
(Signature of Representative*)

Aravash Ghosh
(Stamp of Distributor*)

Date: 23/08/2021

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 BANK OF INDIA - KATKI/AM - 12/12/2018
- Name & address of Branch JHANSI
- IFSC Code of Branch BI0000001200001
- Account No 52151021510000000000 Type of Account Savings
- 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 _____ Address: _____
- 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 _____
- 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

Part F: General

are our general terms and conditions... company will designate an Area of... distributor is required to restrict his... and the area designated. However... or discussion with the responsible... company will appoint a TSM... distributor. While the TSM will... the Distributor, the Distributor... area. Further, for any quer... customer care_uacisandb@... In addition to the TSM, a... the area as it deems fit... the area and engaging... team by guiding the... The Distributor... communication... mobile via SMS... The Distributor... Distributor... send... doc... Th... 6. Th... 7.

Mob No: 8336929400

Customer Care

Email: customer care_uacisandb@universalagri.in

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*

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

Part B: Business Background of Applicants

- 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

- 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

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 / Bank Sta
GST / cheque



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* BASUMDHARA - MURSHERY
- Full Postal Address for correspondence*:
Type of Location: Office Shop Godown Residence
Street Name NAKHARA - ROAD
P.O. DIGHALGRAM District MADINA
State WB PIN Code 741257
- Nature of the Entity*: Sole Proprietorship Partnership Private Limited Co.
Cooperative/ Society Others (Specify) _____
- Name of Representative*: Proprietor / Managing Partner / Director / Authorised Signator
- Telephone No: 9732945206
Office /Shop Landline: (STD Code) _____
Residence Landline: (STD Code) _____
Mobile*: +91 _____ WhatsApp Mobile: +91 6295186628
Email ID*: _____
- Preferred mode of communication: Email SMS Whatsapp
- Income Tax Permanent Account No*: _____
- Is the applicant registered under GST*: Yes / No
- If yes, is the applicant registered under Composite Scheme of GST: Yes No
- GST No _____
- Seeds Licence No* _____
Valid Up to* ____/____/____ Issued By _____

Signature and Photograph of Person Authorized to Represent the Applicant

Affix photograph*

Name* _____

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Signature*

Prerash Ghosh

Date: 23/08/20