

invoice. The company is not responsible for any damage to the invoice. The company is not responsible for any damage to the invoice. The company is not responsible for any damage to the invoice.

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:	
Name of Company Official	Signature of Company Official

15. The Distributor paying through cheque must ensure that the cheque is drawn on the bank on whom the cheque is drawn, dishonors the cheque, then the company will levy a cheque Dishonor charge on the Distributor for such dishonor.
16. The company will provide a standard credit period of 60 days from the date of invoice. Cash Discounts for paying dues within 60 days, the details of which are available in the yearly Sales Return policy. Dues remaining unpaid above 180 days, the company may levy interest on Overdue payments.
17. The company will generally not accept any Sales Return unless the material is in original packaging. However, for select products, the company allows Sales Return within certain conditions. The details of which are available in the yearly Sales Return policy. The Distributor will not handover any material to any member of the sales team without prior approval from the Head Office for matters relating to Sales Return and obtain prior approval from the Head Office for dispatching material. The company will not provide any credit for material returned to the company.
18. The Distributor is required not to enter into any financial transactions with any member of the company in the form of material or funds. All such transactions will be considered as personal transactions 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 prior 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 supplied to the 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 his transactions with the company. Further, the Distributor is required to maintain records of such requirements of GST and share with the company, upon request, documents supporting compliance of such requirements.
22. The company will share with the Distributor, an Account Statement at the end of every 6 months. The Distributor is required to update account statement at any time by sending email at customercare_uacisandh@universalsolubility.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. The Distributor is required to update his registered email or through any other preferred modes of communication. The Distributor is required to complete 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 company.
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, Sumanu Kapur acting on behalf of Kinkibas Kapur,
 (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

Sumanu Kapur
 (Signature of Representative of Distributor*)

Kinkibas Kapur
 (Stamp of Distributor*)

Date:

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

PUNJAB NATIONAL BANK

Name & address of Branch

RAIDIGHI

IFSC Code of Branch

PUNB0039920

Account No

0399050012324

Type of Account:

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

Customer Care

Mob No: 8336929400

Email: customercare_uacisandb@universalagri.in

Part C: Market Intelligence & Sales Plan

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 Applicant

12) Year of Establishment: 1996
 13) Number of years for which you are dealing in Seeds: 05

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	Approx. Turnover 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	Approx. Turnover 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 _____

Field Crops are pro
 Key
 Improved / HYV
 Improved / HYV
 Improved / HYV
 Hybrid
 Hybrid
 Hybrid
 Type

Type
 Type
 22) Wh
 Cro

