

Internal Use

Checklist for Sales Team Member Opening Distributorship

Particulars	Yes	No
Distributorship Form		
14 Mandatory fields on Page 1 filled up		
4 Mandatory fields on Page 2 filled up		
3 Mandatory fields on Page 3 filled up		
6 Mandatory fields on Page 4 filled up		
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	

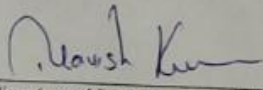
(Handwritten signature in blue ink)

15. The Distributor pay cheque. If the bank on whom the company will levy a cheque then the company will provide a standard credit period of 60 days.
16. The company will provide a standard credit period of 60 days. The details of which are usually provided in the invoice. The distributor is required to pay the dues within 60 days, the details of which are usually provided in the invoice. The distributor is required to pay the dues within 60 days, the details of which are usually provided in the invoice.
17. The company will provide a standard credit period of 60 days. The details of which are usually provided in the invoice. The distributor is required to pay the dues within 60 days, the details of which are usually provided in the invoice.
18. The Distributor is required not to enter into any financial transactions with any member of the sales team without specific written instructions from the Head Office of the company.
19. The Distributor will not handover any material to any member of the sales team without specific written instructions from 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 customercare_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.
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.

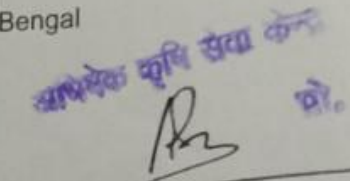
1	Mandatory fields on Page 1 filled
2	Mandatory fields on Page 2 filled
3	Mandatory fields on Page 3 filled
4	Mandatory fields on Page 4 filled
5	Signature of representative
6	Photograph of representative

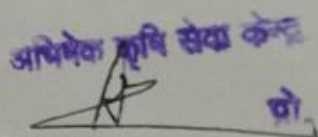
I, _____ acting on behalf of _____
 (Name of Representative*) (Name of Distributor*)

- 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



(Signature of Representative of Distributor*)





(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 SBI

Name & address of Branch PATNA

IFSC Code of Branch SBIIN001SBI

Account No 88881026439

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 25000 paid through Cheque No. / RTGS

31) Is the Office/ Shop used by the Distributor, owned by the Distributor*? Yes / No

If Yes, approx. size 10000 Address: MAIN ROAD PATNA

32) Is the Godown used by the Distributor, owned by the Distributor*? Yes / No

33) If Yes, approx. size 10000 Address: MAIN ROAD PATNA

34) Number of staff employed by the applicant 08

35) Does the applicant own any 2-wheeler? Yes / No

If Yes, Number of such vehicles 04 used for Business / Personal / Both

36) Does the applicant own any 4-wheeler? Yes / No

If Yes, Number of such vehicles 06 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	<ol style="list-style-type: none"> Signed copy of ID Proof (Aadhaar Card/ Passport/ Driving License) Signed copy of Address Proof (Aadhaar Card/ Passport) Signed copy of PAN Signed copy of GST Certificate (if applicable) Signed copy of Seed License Statement of primary bank account(s) of business evidencing debit and credit transactions, for the last 3 months
Additional documents for Partnership Firm	<ol style="list-style-type: none"> Signed copy of registered partnership deed Authorization from all partners allowing representative to act and sign on behalf of the firm
Additional documents for Private Limited Company	<ol style="list-style-type: none"> Signed copy of Memorandum and Articles of Association BOD resolution allowing representative to act and sign on behalf of the company

Mob No: 8336929400

Customer Care

Email: customercare_uacisandb@universalagri.in

Part C: Market Intelligence & Sales

Which Field Crops are primarily cultivated in this area?

Paddy			
Type	Key Variety	Companies Offering Them	Approx. Volume (in MT)
OP	1010		
OP			
Improved / HYV	Bachhabhog		
Improved / HYV	FMT		
Improved / HYV	408, 64446		
Hybrid	807, 801, 854		
Hybrid	775, 097, 5629		
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)

2) What are the important Vegetable crops cultivated in this area?

Crops	Key Variety	Key Brands	Approx. Volume (in MT)

3) Which are main companies operating in this area?

Company Name	Key products	Approx. Turnover	Sales Team Size	Mode of work
Mahyco	UP07, 5629		7	
Gayatri	64446			
NSIC	Champaign			
Kaveri	468			

4) What is your sales plan for our products in coming years?*

Name of the Product	Quantity (MT)	
	Year 1	Year 2
Field Crop 5111		
Field Crop Bachhabhog	20MT	60MT
Field Crop 1010, ANADA		
Field Crop		
Vegetable		
Vegetable		
Vegetable		

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

Name your preferred Transporter / Courier*

Kanha Transport Sarguja Transport
D.T.D.C Madhur

Please share if you have any suggestions to improve business

Council All type Hyb Paddy



SI 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@universalagri.in,
Website: www.universalagri.net

APPLICATION FOR DISTRIBUTORSHIP

Part A: Basic Information of Applicant

- Name of the Organization* **ABHISHEK KRISHI SEWA KENDRA**
- Full Postal Address for correspondence*:
Type of Location: Office Shop Godown Residence
Street Name **MAIN ROAD PATNA**
P.O. **PATNA** District **KORIYA**
State **CHHATTISGARH** PIN Code **497331**
- Nature of the Entity*: Sole Proprietorship Partnership Private Limited Co.
Cooperative/ Society Others (Specify) _____
- Name of Representative*: Proprietor / Managing Partner / Director / Authorised Signatory
ABHISHEK JAISWAL
- Telephone No:
Office /Shop Landline: (STD Code) _____
Residence Landline: (STD Code) _____
Mobile*: +91 **7000630108** WhatsApp Mobile: +91 **7000630108**
Email ID*: _____
- Preferred mode of communication: Email SMS Whatsapp
- Income Tax Permanent Account No*: **ALKPJ8804**
- Is the applicant registered under GST*: Yes / No
- If yes, is the applicant registered under Composite Scheme of GST: Yes No
- GST No **22AFFPJ3334J1ZR**
- Seeds Licence No* **2809-2018-2019**
Valid Up to* ____/____/____ Issued By _____

Signature and Photograph of Person Authorized to Represent the Applicant

Affix photograph*

Name* **ABHISHEK JAISWAL**

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Signature*

Date: **12/05/2021**