

for Sales Team Member Opening Distributorship

	Yes	No
Particulars		
Distributorship Form		
Mandatory fields on Page 1 filled up	YES	
Mandatory fields on Page 2 filled up	YES	
Mandatory fields on Page 3 filled up	YES	
Mandatory fields on Page 4 filled up	YES	
Mandatory fields on Page 6 filled up	YES	
Signature of representative added on Page 1		
Signature of representative affixed on Page 1		
Signature of representative added on Page 2		
		YES
Supporting Documents		
Proof (Aadhaar Card/ Passport/ Driving License)		
Name on ID proof tallies with PAN		
Signed and stamped		
Address Proof (Aadhaar Card/ Passport)		
Name on address proof tallies with ID Proof		
Address on address proof tallies with PAN / License		
Signed and stamped		YES
PAN		
Name on PAN tallies with ID proof		
Signed and stamped		
GST Certificate (if applicable)		
Name on Certificate tallies with ID Proof		
Signed and stamped		YES
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		
Bank Account		
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		YES
Blank Cheques		
3 cheques		
Not of any cooperative banks		
Contains valid signature of representative and stamp		
Contains no date		
Is not crossed		
Security Deposit		
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

DO NOT CUT HERE

- 15. The Distributor paying through cheque must ensure that the cheque issued by him is not dishonored. If the bank on whom the cheque is drawn, dishonors the cheque for reasons related to the company, then the company will levy a cheque Dishonor charge on the Distributor without prejudicing its 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 provide Cash Discounts for paying dues within 60 days, the details of which are usually provided in Schemes applicable for the period. Dues remaining unpaid above 180 days will be considered 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 details of which are available in the yearly Sales Return policy. The Distributor is required to follow this policy for matters relating to Sales Return and obtain prior approval from the responsible sales-dispatching material. The company will not provide any credit for material returned in violation to its 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 unsanctioned by the company. The Distributor 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 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. 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 purchase and sale of goods. Credit Notes and others with respect to its transactions with the company. Further, the Distributor is 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 through registered email or through any other preferred mode of communication. However, the Distributor is required to update account statement at any time by sending email at customercare_uacisandb@universityofchennai.ac.in 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 balance on the statement with the balance in his books of account. On completion of review, the Distributor will be required to sign and seal on the Confirmation and handover to the company TSM.
- 24. In addition to these, the company may from time to time issue communications on these and/or other policies which may, from the date of such communication, supersede any business practices or policies 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, CHITTARANJAN DEY acting on behalf of CHITTARANJAN DEY
 (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 to the best of my knowledge and understanding

Chittaranjan Dey
 (Signature of Representative of Distributor*)

বিশ্বনাথ কৃষি ভাণ্ডার
থ্রোঃ- চিত্তরঞ্জন দেব
 (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

NATIKUL HOIGHLY

IFSC Code of Branch

PUNB01270800

Account No

27080108701013658

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

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

If Yes, approx. size Address:

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

If Yes, approx. size Address:

Number of staff employed by the applicant

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

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

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

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

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

No: 8336929400

Email:

Part B: Business Background of Applicant

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	Approx. Turnover
	20		

Are you a Distributor of any other company dealing in Vegetables? Yes / No
 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

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 Retailer
			1. 2. 3.
			1. 2. 3.
			1. 2. 3.

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) _____

2) Are you involved in any other businesses NOT related to agriculture*? Yes / No
 If yes, please share broad overview of the nature of business

CONTINUE
OVER LAST

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 Operation

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

Name of the Product	Quantity	
	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

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

APPLICATION FOR DISTRIBUTORSHIP

Part A: Basic Information of Applicant

- Name of the Organization* **CHITTARANJAN DEY**
- Full Postal Address for correspondence*:
Type of Location: Office Shop Godown Residence
Street Name **DILALPUR**
P.O **HARI PUR CHAK** District **HOOGHLY**
State **WEST BENGAL** PIN Code **712407**
- Nature of the Entity*: Sole Proprietorship Partnership Private Limited Co.
Cooperative/ Society Others (Specify) _____
- Name of Representative*: Proprietor / Managing Partner / Director / Authorised Signatory
CHITTARANJAN DEY
- Telephone No:
Office /Shop Landline: (STD Code) _____
Residence Landline: (STD Code) _____
Mobile*: +91 **9433222952** WhatsApp Mobile: +91 **9433222952**
Email ID*: _____
- Preferred mode of communication: Email SMS Whatsapp
- Income Tax Permanent Account No*: **ALRPD9431C**
- 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* **302029**
Valid Up to* **29/07/2025** Issued By _____

Signature and Photograph of Person Authorized to Represent the Applicant



Name* **CHITTARANJAN DEY**

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Signature*
Chittaranjan Dey.

Date _____