

Internal Use

Checklist for Sales Team Member Opening Distributorship

Particulars

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

Yes

No

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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 issued by him is honored on the cheque. If the bank on whom the cheque is drawn, dishonors the cheque for reasons related to "Insufficient funds" then the company will levy a cheque Dishonor charge on the Distributor without prejudicing its right to 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 the company's Schemes applicable for the period. Dues remaining unpaid above 180 days will be considered as overdue and the 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 manager before 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 unauthorised 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 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 unauthorised 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 is required to 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 through its 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 customer-care_uacisandb@univibe.com 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 its 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 account. On completion of review, the Distributor will be required to sign and seal on the Confirmation and hand it over to TSM
24. In addition to these, the company may from time to time issue communications on these and 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, Arun Kumar acting on behalf of M/S ARUN KUMAR
 (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

M/S. ARUN KUMAR M/S. ARUN KUMAR
 (Signature of Representative of Distributor*) (Stamp of Distributor*)

Date: 03/08/2021
 Place: Singur, West Bengal

Name of Company Official	Signature of Company Official

Internal Use
Checklist for Sales T
Particulars
Distributorship Fo
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Approved By:
 Name of Company Official

Part D: Financial Information of Applicant

28) Primary Bank Account of Business*:

Name of the Bank STATE BANK OF INDIA
 Name & address of Branch MAIN ROAD SINGHESHWAR
 IFSC Code of Branch SBIIN0003007
 Account No 30728718375 Type of Account: Savings

29) Does the applicant have CC/OD facility from any bank*? Yes / No

If Yes, Name of Bank STATE BANK OF INDIA
 Name & address of Branch MAIN ROAD SINGHESHWAR

CC/OD Limit (Approx. in Rs lakhs) 19.75

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 30' 30" Address: POST OFFICE ROAD
UR WORD NO 3 SINGHESHWAR

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

33) If Yes, approx. size 30' 30" Address: POST OFFICE ROAD
UR WORD NO 3 SINGHESHWAR

34) Number of staff employed by the applicant 8

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@universalsagm.in

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Part B: Business Background of Applicant

- 1) Year of Establishment: 1981
- 2) Number of years for which you are dealing in Seeds: 1981
- 3) Are you a Distributor of any other company dealing in Field Crops*: Yes / No
- 4) 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 Year
PAN SEEDS	10	PADDY, Wheat	1 Cr
HALLI	6	PADDY	10 Cr
KALYANI	1	PADDY	10 Cr
GMS	8	PADDY	70 Cr

- 5) Are you a Distributor of any other company dealing in Vegetables*: Yes / No
- 6) 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 Year
Syngeta	6	Coliflowers,	
Malyco	10	OKRA, Bo Hol, Gourd	
NAMDHANI	7	OKRA,	
VNR	10	Bitter Gourd, Bottle Gourd	

7) 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
Singeshwar			1. Ansar bhai bhargava 2. Ashok Khad bhai 3. Kis an Ghora
Ganeshpur			1. Baba Nitendra 2. om ironkary 3. Shiv Sakh Khad bhai
Shankarpur			1. Kumbh Mishan Sona 2. Dev Agriculture 3. Anand Kishan Sona

- 8) 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 Plant Remedies Pvt. Ltd
- Others (specify) _____

- 9) 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

1) Field Crops are primarily cultivated in this area?

		Paddy		Approx. Volume (in MT)
	Key Variety	Companies Offering Them		
Improved / HYV	JAY 9	GMS, Kalyansona		
Improved / HYV	BB 11	"		
Improved / HYV	GS 1	"		
Local	Jamuna	Parsi		
Local	BB 11			
Local	GS 1			
Local	6444			

		Wheat		Approx. Volume (in MT)
	Key Variety	Companies Offering Them		
Type	343, 262			
OP	Shree 309			
Res				

		Mustard		Approx. Volume (in MT)
	Key Variety	Companies Offering Them		
Type	Pusa bold			
Other	Local			
Yellow				

		Maize		Approx. Volume (in MT)
	Key Variety	Companies Offering Them		
Type	3355			
HY	3522			

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

Crops	Key Variety	Key Brands	Approx. Volume (in MT)
Cabbage	1181, Galta		
Carrot			
Soybean			
Bottle gourd			

23) Which are main companies operating in this area?

Company Name	Key products	Approx. Turnover	Sales Team Size	Mode of work
Sparrow				
Bottle gourd				

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)*?

Madhapura

26) Name your preferred Transporter / Courier*

FV Road Line / Jot Line

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

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* ARUN KUMAR

Full Postal Address for correspondence*:

Type of Location: Office Shop Godown Residence

Street Name POST OFFICE ROAD GOORIPUR WARD NO-3

P.O SINGESHMAR District MADHUPURA

State BIHAR PIN Code 852128

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
ARUN KUMAR

5) Telephone No:

Office /Shop Landline: (STD Code)

Residence Landline: (STD Code)

Mobile*: +91 9470294996 WhatsApp Mobile: +91 9470294996

Email ID*: 9470294996@gmail.com

6) Preferred mode of communication: Email SMS Whatsapp

7) Income Tax Permanent Account No*: ALSAR6295L

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 10ALSAR6295L1ZJ

11) Seeds Licence No* 58/2019

Valid Up to* 02/12/2022 Issued By DAO MADHUPURA

Signature and Photograph of Person Authorized to Represent the Applicant



Name* ARUN KUMAR

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Signature* [Handwritten Signature]

Date: 08/08/2021