

Checklist for Sales Team Member Opening Distributorship		Yes	No
Particulars			
Distributorship Form		Yes	
1	14 Mandatory fields on Page 1 filled up	Yes	
2	4 Mandatory fields on Page 2 filled up	Yes	
3	3 Mandatory fields on Page 3 filled up	Yes	
4	8 Mandatory fields on Page 4 filled up	Yes	
5	4 Mandatory fields on Page 6 filled up	Yes	
Signature of representative added on Page 1			
Photograph of representative affixed on Page 1			
Signature of representative added on Page 2		Yes	
Supporting Documents			
ID Proof (Aadhaar Card/ Passport/ Driving License)			
Name on ID proof tallies with PAN			
Signed and stamped		Yes	
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		Yes	
Signed copy of PAN			
Name on PAN tallies with ID proof			
Signed and stamped		No	
Signed copy of GST Certificate (if applicable)			
Name on Certificate tallies with ID Proof			
Signed and stamped		Yes	
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		Yes	
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	
Bank Cheques			
3 cheques			
Not of any cooperative banks			
Contains valid signature of representative and stamp			
Contains no date			
Is not crossed			
Priority Deposit has been collected			
Information on Existing Network			
Name of the nearest distributors (can be more than 1)			
Distance from the nearest distributors			
Signature of Company Official		Signature of Company Official	

15. The Distributor paying through cheque must ensure that the cheque issued by him is sufficient to cover the amount of the invoice. The Distributor shall be responsible for ensuring that the cheque is drawn, endorsed and cleared for remittance to the company within the stipulated period. The company will not be responsible for any loss or damage to the cheque without producing its copy to the company.
16. The company will provide a standard credit period of 60 days from the date of the invoice. The company will not be responsible for any loss or damage to the cheque without producing its copy to the company.
17. The company will provide a standard credit period of 60 days from the date of the invoice. The company will not be responsible for any loss or damage to the cheque without producing its copy to the company.
18. The Distributor is required not to enter into any financial transactions with any member of the sales team, with the company or its subsidiaries. All such transactions will be considered as personal and unauthorised and the Distributor will not be liable for the outcome of such transactions.
19. 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 company's designs, logos and trademarks of the product in any way. Any unauthorised use of the company's designs, logos and trademarks will be considered as personal and unauthorised and the Distributor will not be liable for the outcome of such transactions.
20. The Distributor is required to comply with all requirements of GST as applicable to him, related to periodic filing of returns and other statutory requirements. Further, the Distributor may be required to share with the company, upon request, documents supporting compliance of such requirements of GST.
21. The company will share with the Distributor, an Account Statement at the end of every 6 months either in registered email or through any other preferred mode of communication. However, the Distributor can also call the Customer Care Helpline at +91 8326525470.
22. The company will share with the Distributor, a Confirmation of Accounts at the end of each financial year in registered email or through any other preferred mode of communication. The Distributor is required to update the account statement and reconcile the balance in his books of account with the balance on the statement with the balance in his books of account.
23. The company will share with the Distributor, an Account Statement at the end of every 6 months either in registered email or through any other preferred mode of communication. However, the Distributor can also call the Customer Care Helpline at +91 8326525470.
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, Anup Kumar Bal acting on behalf of Anup Kumar (Name of Distributor*)
 (Name of Representative*)

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 the best of my knowledge and understanding

LAXMI SAGAR B
DHAN BHANDI
 Prop.-Anup Kumar
 Kalagachia, Khatun, Purba M
 (Stamp of Distributor)

Anup K. Bal.
 (Signature of Representative of Distributor*)

Date: 25/08/2021
 Place: Kalagachia.

Name of Company Official	Signature of Company Official

Part D: Financial Information of Applicant

28) Primary Bank Account of Business*:
 Name of the Bank ANANDH BANK
 Name & address of Branch KANNARA KRAMAIDA
 IFSC Code of Branch ANANDH0000001 Type of Account: Savings/Current/OD / /
 Account No. 60306571804
 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) _____ / RTGS
 30) Security Deposit* of Rs. _____ paid through Cheque No. _____ /
 31) Is the Office/ Shop used by the Distributor, owned by the Distributor*? Yes / No
 If Yes, approx. size _____ Address: VILL+PO-KALAGACHIA
PS-KHJURJI DIST-PURBAN MEDINIPUR PN-7214
 32) Is the Godown used by the Distributor, owned by the Distributor*? Yes / No
 Yes, approx. size _____ Address: PO
 Number of staff employed by the applicant 01
 33) Does the applicant own any 2-wheeler? Yes / No
 If Yes, Number of such vehicles _____ used for Business / Personal / Both
 34) Does the applicant own any 4-wheeler? Yes / No
 If Yes, Number of such vehicles _____ used for Business / Personal / Both
 35) 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

Enclosed, sealed and dated Distributorship Form along with the following mandatory documents

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
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
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

Customer Care

No: 8336929400

Email: customercare_uacisandb@universalagri.com

Part C: Market Intelligence & Sales Plan

21) 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)*?

HALVD BARIE

26) Name your preferred Transporter / Courier*

DIZIN MATTY TRANSPORTER

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

PADDY SEEDS COTING, PADDY SEEDS

Part B: Business Background of Applicant

12) Year of Establishment: 1994

13) Number of years for which you are dealing in Seeds: 1994

Yes / No

14) Are you a Distributor of any other company dealing in Field Crops*:
 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	Approximate Turnover Last Year

16) Are you a Distributor of any other company dealing in Vegetables*:
 17) If yes, please share the following details on your business with these companies:

Yes / No

Company Name	Vintage of Relationship (In years)	Key Products Sold Last Year	Approximate Turnover 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 Retailer
			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

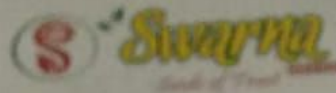
Fertilizers as Distributor of _____

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



UACI SEEDS & BIOTECH PRIVATE LIMITED (Formerly Swarna Seeds)


26, Park Side Road, Rajeswari Nivas, 3rd Floor, Kolkata - 700026, West Bengal, India
Contact No. (033) 24649541, E Mail: uaciseedsandbiotech@universalagri.in,
Website: www.universalagri.net

APPLICATION FOR DISTRIBUTORSHIP Part A: Basic Information of Applicant

1) Name of the Organization* LAXMI SAGAR BLD BHANDE

2) Full Postal Address for correspondence*
Type of Location: Office Shop Godown Residence
Street Name KALAGACHIA
P.O. KALAGACHIA District PURBA MEDINIPUR
State WEST BENGAL PIN Code 721432
Nature of the Entity*: Sole Proprietorship Partnership Private Limited Co.
Cooperative/ Society Others (Specify) _____
Name of Representative*: Proprietor / Managing Partner / Director / Authorised Signatory
ANUP KUMAR BAL
Telephone No: _____
Office /Shop Landline: (STD Code) _____
Residence Landline: (STD Code) _____
Mobile*: +91 9800200840 WhatsApp Mobile: +91 9800200840
Email ID*: Laxmisagarbljbhande@gmail.com
Preferred mode of communication: Email SMS Whatsapp
Income Tax Permanent Account No*: ALYPB0755C
Is the applicant registered under GST*: Yes / No
If yes, is the applicant registered under Composite Scheme of GST: Yes No
GST No 19ALYPB0755C1Z2
Seeds Licence No* 500631
Valid Up to* 31/12/2021 Issued By CONTACT SUBDIVISION

Signature and Photograph of Person Authorized to Represent the Applicant

Affix photograph* 

Name* ANUP KUMAR BAL

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Signature* Anup Km. Bal

Date: 26/08/21