

Sl No. _____
(For Office use only)



UACI SEEDS & BIOTECH PRIVATE LIMITED

(Formerly Swarna Seeds)

20, Park Side Road, Rajeswari Nivas, 3rd Floor, Kolkata - 700026, West Bengal, India
Contact No. (033) 24649521, E Mail: uaciseedsandbiotech@universalseeds.in,
Website: www.universalseeds.net

APPLICATION FOR DISTRIBUTORSHIP

Part A: Basic Information of Applicant

- 1) Name of the Organization* **ONE STOP SHOP AGRIJUNCTION**
- 2) Full Postal Address for correspondence*
Type of Location: Office Shop Godown Residence
Street Name **NUMAON PLANETI GLECK HASTI VIDYAPETH**
SUSUWATI NARANASTI
P.O. _____ District **MAKANASTI**
State **UTTAR PRADESH** PIN Code **221011**
- 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
PREMJIT SINGH
- 5) Telephone No:
Office /Shop Landline: (STD Code) _____
Residence Landline: (STD Code) _____
Mobile*: +91 **9451836670** WhatsApp Mobile: +91 **9451836670**
Email ID*: _____
- 6) Preferred mode of communication: Email SMS Whatsapp
- 7) Income Tax Permanent Account No*: **HAAPJ1115N**
- 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 **09HAAPJ1115N1ZR**
- 11) Seeds Licence No* **DA02VNS/59**
Valid Up to* **07/05/2022** Issued By _____

Signature and Photograph of Person Authorized to Represent the Applicant



Name* **PREMJIT SINGH**

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Signature*
one stop shop agrijunction
Premjit Singh

Date: **21/09/2021**

1 proprietor

Part B: Business Background of Applicant

12) Year of Establishment: 2011
 13) Number of years for which you are dealing in Seeds: 2010 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*? 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 | 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 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

Part C: Market Intelligence & Sales Plan

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 | MTU-7029 / BPT-5204 | 15 mt' | 25 mt' |
| Field Crop | IMP- Paddy | 5 mt' | 10 mt' |
| Field Crop | | | |
| Vegetable | | | |
| Vegetable | All Veg. | 3 Lakh | 7 Lakh |
| Vegetable | | | |

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

Varanasi

26) Name your preferred Transporter / Courier*

Nav Bharat, New malik - DTDC

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

Part D: Financial Information of Applicant

28) Primary Bank Account of Business*:
 Name of the Bank UNION BANK OF INDIA
 Name & address of Branch TIRUPUR BRANCH VARANASI
 IFSC Code of Branch UBIN0539945 Type of Account: Savings/Current/OD
 Account No 399401010029265 / No

29) Does the applicant have CC/OD facility from any bank*? Yes / No
 If Yes, Name of Bank _____
 Name & address of Branch _____

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 _____ Address: _____

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

15. The Distributor paying through cheque must ensure that the cheque is drawn, dishonors the cheque or the bank on whom the cheque is drawn, dishonors the cheque for any reason, then the company will levy a cheque Dishonor charge on the Distributor and the company will recourse for such dishonor.
16. The company will provide a standard credit period of 60 days from the date of the invoice. 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 as Overdue payments.
17. The company will generally not accept any Sales Return unless the material supplier writes to the company. However, for select products, the company allows Sales Return within certain limits and under 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 Sales Return policy.
18. The Distributor is required not to enter into any financial transactions with any member of the sales team, either 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 instruction 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 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@universलगri.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.

one stop shop agrijunction

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I, Pranjit Singh acting on behalf of Pranjit Singh
 (Name of Representative) (Name of Distributor*)
 Proprietor

- 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 |
|--------------------------|-------------------------------|
| | |
| | |

Application for Sales Team Member Opening Distributorship

| Particulars | | Yes | No |
|---|--|-------------------------------------|--------------------------|
| Distributorship Form | | | |
| 1 | 14 Mandatory fields on Page 1 filled up | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 | 4 Mandatory fields on Page 2 filled up | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3 | 3 Mandatory fields on Page 3 filled up | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4 | 6 Mandatory fields on Page 4 filled up | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5 | 4 Mandatory fields on Page 6 filled up | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Signature of representative added on Page 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Photograph of representative affixed on Page 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Signature of representative added on Page 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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 |
| | |