

Sl No. _____
(For Office use only)



UACI SEEDS & BIOTECH PRIVATE LIMITED
(Formerly Swarna Seeds)

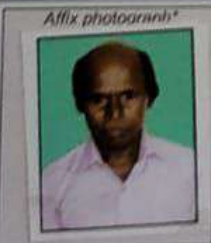
20, Park Side Road, Rajeswari Niwas, 3rd Floor, Kolkata - 700026, West Bengal, India
Contact No. (033) 24649581, E Mail: uaciseedsandbiotech@universalaagri.in,
Website: www.universalaagri.net

APPLICATION FOR DISTRIBUTORSHIP

Part A: Basic Information of Applicant

- Name of the Organization* BABASAHEERATI
- Full Postal Address for correspondence*:
Type of Location: Office Shop Godown Residence
Street Name HATPURA
P.O HATPURA District BIRBHUM
State WEST BENGAL PIN Code 721125
- Nature of the Entity*: Sole Proprietorship Partnership Private Limited Co.
Cooperative/ Society Others (Specify) _____
- Name of Representative*: Proprietor Managing Partner / Director / Authorised Signatory
DULAL BABSAHI
- Telephone No:
Office /Shop Landline: (STD Code) _____
Residence Landline: (STD Code) _____
Mobile*: +91 9434947420 WhatsApp Mobile: +91 9124674379
Email ID*: _____
- Preferred mode of communication: Email SMS Whatsapp
- Income Tax Permanent Account No*: _____
- Is the applicant registered under GST*: Yes / No
- If yes, is the applicant registered under Composite Schemes of GST: Yes No
- GST No _____
- Seeds Licence No* 300448
Valid up to* 31/03/2026 Issued By A.A.A. A. B. W. H. S. O. B.

Signature and Photograph of Person Authorized to Represent the Applicant



Name* DULAL BABSAHI

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Signature*
Dulal Babasahi

Date: 14/12/2021

FC Barcelona

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	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 In
21) Which Field Crops are primarily cultivated in

Type	Key Variety
Op	
Op	Improved / HYV
Op	Improved / HYV
Op	Hybrid
Op	Hybrid
Op	Hybrid
Type	

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		
Vegetables		
Vegetables		
Vegetables		

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

Part D: Financial Information of Applicant

28) Primary Bank Account of Business*:

Name of the Bank S F A T A A B N K O F I N D I A
 Name & address of Branch K H A Y R A S O I E B I R O H U M
 IFSC Code of Branch S B I N O 0 1 4 0 6 3
 Account No 2 7 0 5 3 8 7 7 6 5 6 Type of Account: Savings/Current/OD

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

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 2

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@universlalagri.in

15. The Distributor paying through cheque must ensure that the cheque issued by him is honored on the date of 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 seek recourse for such dishonor.
16. The company will provide a standard credit period of 60 days from the date of the invoice. The company may offer Cash Discounts for paying dues within 60 days, the details of which are usually provided in the Price List or Schemes applicable for the period. Dues remaining unpaid above 180 days will be considered as Overdue. The company may levy interest on Overdue payments.
17. The company will generally not accept any Sales Return unless the material supplied was damaged in transit. 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 the terms of this policy for matters relating to Sales Return and obtain prior approval from the responsible sales official before 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 unsanctioned 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@universalagn.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.

I, _____ acting on behalf of Dulal Basari (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

For Internal Use

Checklist for Sales Team Member Cheque Dishonouring

Particulars	Yes	No
1. Mandatory basis on New Distributorship Form		
2. Mandatory basis on New Distributorship Form		
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50. Mandatory basis on New Distributorship Form		

For Internal Use

Checklist for Sales Team Member Opening Distributorship

Particulars		Yes	No
Distributorship Form			
1	14 Mandatory fields on Page 1 filled up		
2	4 Mandatory fields on Page 2 filled up		
3	3 Mandatory fields on Page 3 filled up		
4	6 Mandatory fields on Page 4 filled up		
5	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: Name of Company Official		Signature of Company Official	

BIOTECH Pvt

9 4 8 3 3

Director Others

Date: 27/12/2021

Renewal
License No : S00448



FORM 'C'

[See Clause 7]

APPLICATION FOR RENEWAL OF LICENSE TO CARRY ON THE BUSINESS OF A
DEALER IN SEEDS

To,
The Licensing Authority
Asst. DA (Admin) Sadar-Suri

State- West Bengal

Renewal No. S00448

With Effect from 01/04/2021

I/We hereby apply for renewal of the license to carry on the business of dealer in seeds under the name and style of Shri/Mrs. **M/S DULAL BASARI**. The license desired to be renewed, was granted by the Licensing Authority for the State of West Bengal and allotted License No. **S00448** on the 1st day of April 2021

Signature of applicant(s)

Full name **DULAL BASARI** and address of the Applicant(s) **MUNDIRA, P.O - HAZRATPUR, P.S - KANKARTALA, PIN - 731125**

Certified that the License bearing No. **S00448** granted on 01/04/2021 to carry on the business of a dealer in seeds at the premises situated

Jl no : ---, Dag no : 655, Khatian no : 1126, Road : **SURI BABUJORE ROAD**, Mouza : Mandira, Block : **KHAYRASOL**, Subdivision : Sadar-Suri, District : Birbhum, State : West Bengal

with store details

(1) Village : **MUNDIRA**, Dag no : 655, Khatian no : 1126, Road : **SURI BABUJORE ROAD**, Mouza : **Mandira**, Block : **KHAYRASOL**, Subdivision : Sadar-Suri, District : Birbhum, State : West Bengal

is hereby renewed upto 31/03/2026 unless previously cancelled or suspended under the provisions of the Seed Act, 1983.

State of West Bengal



Office of the Licensing Authority, Sadar-Suri
Dated : 11.06.2021

(Licensing Authority)

Asst. Director of Agri (Admin.)
W. B. A. S. (Admin.)
Suri (Sadar) Sub-Division

Partner Director Others
Date: 11/06/2021

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
 Permanent Account Number Card
AUNPB9566H

नाम / Name
DULAL BASARI

पिता का नाम / Father's Name
KANGAL BASARI

जन्म की तारीख / Date of Birth
13/12/1959

Dulal Basari
 हस्ताक्षर / Signature





इस कार्ड के खोले/पाने पर कृपया सूचित करें/सीकर:-
 आयकर सेवक इकाई, दर एच डी एल
 5 वीं मंजिल, मास्त्री स्टोर्लिंग,
 प्लॉट नं. 341, सर्वे नं. 997/8,
 मेडेल कॉलोनी, नज़र डीप बंगलॉ चोक,
 पुणे - 411 016.

*If this card is lost / someone's lost card is found,
 please inform / return to :*
 Income Tax PAN Services Unit, NSDL
 5th Floor, Mastris Sterling,
 Plot No. 341, Survey No. 997/8,
 Model Colony, Near Deep Bungalow Chowk,
 Pune - 411 016.
 Tel: 91-20-2721 8080, Fax: 91-20-2721 8081
 e-mail: tsinfo@nsdl.co.in

S & BIOTECH

0818000032
 SB A/c

000818 31

Residence
 25/11/2019
 Private Limited Co
 (specify)
 for / Authorised S

33A

Partner Director Others
 Date:


ভারত সরকার
Government of India



দুফাল বাসারী
Dufal Basari
 পিতা : কংগাল বাসারী
Father : Kangal Basari

জন্মতারিখ/DOB: 13/12/1959
 পূর্ণ / Male






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আধার - সাধারণ মানুষের অধিকার


Unique Identification Authority of India

ঠিকানা: লাস্বেরা, গুয়রাসোল, বীরভূম, পশ্চিম
 Bengal, 731125

5927 9984 0298

PURANDARPUR
 VPO PURANDARPUR
 DIST BIRBHUM PURANDARPUR
 GS/NEFT IFS CODE: UCBA0

EDS &

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bank
VPO PURANDARPUR
DIST. BIRBHUM

भारतीय स्टेट बैंक
State Bank Of India

(14063) - KHAYRASOLE
VILL & P O KHAYRASOLE BIRBHUM
WEST BENGAL 731125
Tel: 3462-240333 IFS Code : SBIN0014063

केवल 3 महीने के लिए वैध | VALID FOR 3 MONTHS ONLY

D	D	M	M	Y	Y	Y	Y		

UACI SEEDS & BIOTECH PRIVATE LIMITED
को या उनके आदेश पर OR ORDER

रुपये RUPEES

अदा करें ₹

खा. सं.
A/c No. **37053891536**

VALID UPTO ₹ 50 LACS AT NON-HOME BRANCH FOR NON-CASH TRANSACTION ONLY

63519835073

CURRENT A/C

PREFIX:
0523700003

Dulal Basari
DULAL BASARI

Please sign above

MULTI-CITY CHEQUE Payable at Par at All Branches of SBI

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