

Checklist for Sales Team Member Opening Distributorship

Particulars	Yes	No
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		
4 Mandatory fields on Page 4 filled up		
4 Mandatory fields on Page 5 filled up		
Signature of representative added on Page 1		
Photograph of representative affixed on Page 1		
Signature of representative added on Page 2		
<b>Supporting Documents</b>		
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 Valid 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 then the company will levy a cheque Dishonor charge on recourse for such dishonor
16. The company will provide a standard credit period of 60 days from the date Cash Discounts for paying dues within 60 days, the details of which are usually 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 were 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@universalagri.in](mailto:customercare_uacisandb@universalagri.in) or by calling the Customer Care Helpline at +91 8336629400
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, MILI DEY, acting on behalf of MILI 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 and are true to the best of my knowledge and understanding

Mili Dey  
 (Signature of Representative of Distributor\*)

Mili Dey  
**MILI DEY**  
 Seed Dealer  
 Gossaibazar, Chandrakona  
 Paschim Medinipur  
 (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 U C O BANK  
 Name & address of Branch CHANDRAKANTA TOWN PASCHE  
 IFSC Code of Branch MIPUR  
 Account No. 05930510010570 Type of Account: SAVING
- 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. \_\_\_\_\_  
 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   
 33) If Yes, approx. size \_\_\_\_\_ Address: GOSAINBAZAR CHANDRAKANTA  
TOWN PASCHE MIDINIPUR
- 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	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

Mob No: 8336929400

**Customer Care**

Email: [customercare\\_uacisandb@universalagri.in](mailto:customercare_uacisandb@universalagri.in)

Part B: Business Background of Applicant

13) Year of Establishment:   
 14) Number of years for which you are dealing in Seeds:   
 15) Are you a Distributor of any other company dealing in Field Crops? Yes  / No   
 16) 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
PRINSEEDS LIMITED	10 years		80 cr
PRINSEED LTD	15 "		100 cr
ADVINFEED SEEDS	6 "		22 "
GRAND KRBARI	15 "		50 "

18) 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
PRIN SEEDS LIMITED			2 Lakh

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**

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	PADDY	10 MT	15 MT
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\*

NEW BENGAL TRANSPORT

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

- 1) Name of the Organization\* **MILI DEY**
- 2) Full Postal Address for correspondence\*:  
Type of Location: Office  Shop  Godown  Residence   
Street Name **GOSAIBAZAR**  
P.O. **CHANDRAKONA TOWN** District **PASCHIM MEDINIPUR**  
State **WEST BENGAL** PIN Code **721201**
- 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   
**MILI DEY**
- 5) Telephone No:  
Office /Shop Landline: (STD Code) \_\_\_\_\_  
Residence Landline: (STD Code) \_\_\_\_\_  
Mobile\*: +91 **9932730338** WhatsApp Mobile: +91 **9932730338**  
Email ID\*: **milidey.ek22121@gmail.com**
- 6) Preferred mode of communication: Email  SMS  Whatsapp
- 7) Income Tax Permanent Account No\*: **AVEPD4738R**
- 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 \_\_\_\_\_
- 11) Seeds Licence No\* **S/N-90/CH-11/2018-2021**  
Valid Up to\* **10/10/2021** Issued By **ADA GHATAL**

### Signature and Photograph of Person Authorized to Represent the Applicant



Name\* **MILI DEY**

Gender\*: Male  Female

Relationship with applicant\*: Owner  Partner  Director  Others

Signature\*

*Mili Dey*

Date: **04 10 20**