

For Internal Use		Yes	No
Checklist for Sales Team Member Opening Distributorship			
Particulars			
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		

Signed By: _____
 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 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 pursue 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 not accept any Cash Discounts for paying dues within 60 days, the details of which are usually provided in the prospectus. Schemes applicable for the period. Dues remaining unpaid above 180 days will be considered as Overdue.
17. The company will generally not accept any Sales Return unless the material supplied were damaged or defective. 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 details 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. 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. 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 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 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 since the registered email or through any other preferred mode of communication. However, the Distributor can also request an updated account statement at any time by sending email at customercare_uacisandb@universalegri.in or 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 his registered email or through any other preferred modes of communication. The Distributor is required to reconcile the account statement and reconcile the balance on the statement with the balance in his books of accounts. On 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, ANAND KUMAR MEHTA acting on behalf of TIRUPATI ENTERPRISES
 (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

ANAND KUMAR MEHTA
 (Signature of Representative of Distributor*)

(Stamp of Distributor*)
Tirupati Enterprises
ANAND KUMAR MEHTA
 Proprietor

Name of Company Official	Signature of Company Official
<u>ANAND KUMAR</u>	<u>Anand Kumar</u>

For Internal Use
 Checklist for Sales Team
 Distributorship Form

Particulars	
1. Mandatory fields on F	
2. Mandatory fields on F	
3. Mandatory fields on F	
4. Mandatory fields on F	
5. Signature of representative	
6. Photograph of representative	
7. Signature of representative	
Supporting Documents	
ID Proof (Aadhaar)	
Signed copy of A/c	
Signed copy of	
Signed copy of	
Signed copy of	
Statement	
Blank	
Seal	
ES	
Appro Name	

Part C: Market Intelligence & Sales Plan

1) 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)

What are the important Vegetable crops cultivated in this area?

Crops	Key Variety	Key Brands	Approx. Volume (In MT)

Which are main companies operating in this area?

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

What is your sales plan for our products in coming years*?

Crop	Name of the Product	Quantity (MT)	
		Year 1	Year 2
Crop	Chamak	30	50
Crop	Sil	10	50
Crop			
Crop			
table			
table			
table			

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

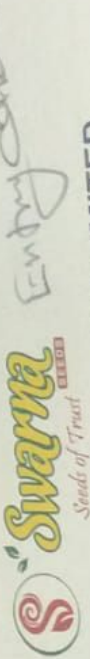
haya

What is your preferred Transporter / Courier*?

via Aurangabad and DTDC

Please share if you have any suggestions to improve business

Sl No. _____
(For Office use only)



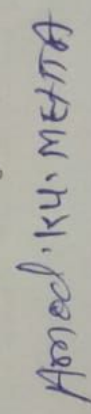
UACI SEEDS & BIOTECH PRIVATE LIMITED

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

APPLICATION FOR DISTRIBUTORSHIP Part A: Basic Information of Applicant

1) Name of the Organization* T J I R U P I A T T I E N T E R P R J S C S
2) Full Postal Address for correspondence*:
Type of Location: Office Shop Godown Residence
Street Name G I A P I A T T I M A R K E T K O J R I B A R I
P.O G A Y A District G A Y A
State B I H A R PIN Code 8 2 3 0 0 1
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
5) Telephone No:
Office /Shop Landline: (STD Code) _____
Residence Landline: (STD Code) _____
Mobile*: +91 9 9 7 3 2 0 8 1 9 1 WhatsApp Mobile: +91 9 9 7 3 2 0 8 1 9 1
Email ID*: _____
Preferred mode of communication: Email SMS Whatsapp
Income Tax Permanent Account No*: A X O P M 9 1 2 9 P
Is the applicant registered under GST*: Yes / No
If yes, is the applicant registered under Composite Scheme of GST: Yes No
6) GST No 1 0 A X O P M 9 1 2 9 1 7 Z U
7) Seeds Licence No* 7 5 A 2 0 1 6 1 7
Valid Up to* 3 1 / 0 3 / 2 0 2 2 Issued By D A Q

Signature and Photograph of Person Authorized to Represent the Applicant

Name* A M O D K U M A R M E H T A
Gender*: Male Female
Relationship with applicant*: Owner Partner Director Others
Signature* 
Date: _____
