

SI 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* **MAHITIPAL BEEJ COMPANY**

2) Full Postal Address for correspondence*:

Type of Location: Office Shop Godown Residence

Street Name **VILL DEBAYUSIVIF CHAMALTARA JAINIPUR**

P.O **SADPAR** District _____

State **UTTAR PRADESH** PIN Code **222001**

Nature of the Entity*: Sole Proprietorship Partnership Private Limited Co.
Cooperative/ Society Others (Specify) _____

Name of Representative*: Proprietor / Managing Partner / Director / Authorised Signatory

KRIPAL MOURIA

Telephone No:

Office /Shop Landline: (STD Code) _____

Residence Landline: (STD Code) _____

Mobile*: +91 **9455476924** WhatsApp Mobile: +91 **7705979146**

Email ID*: _____

Preferred mode of communication: Email SMS Whatsapp

Income Tax Permanent Account No*: **AYUPIR6982H**

Is the applicant registered under GST*: Yes / No

Yes, is the applicant registered under Composite Scheme of GST: Yes No

GST No **09AYUPIR6982H270**

Seeds Licence No* **DAO/JNP/1897**

Valid Up to* **16/09/2025** Issued By _____

Signature and Photograph of Person Authorized to Represent the Applicant



Name* **KRIPAL MOURIA**

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Signature*
महिल बीज कंपनी
चमलतारा-जौनपुर

Date: **18/09/2021**

Part C: Market Intelligence & Sales Plan

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	MTU-7029 / BPT-5204	15 mt	25 mt
Field Crop	Imp - Paddy	5 mt	10 mt
Field Crop			
Vegetable			
Vegetable			
Vegetable			

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

Jampur

26) Name your preferred Transporter / Courier*

New Bharat, New Malik - DTDC

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

Part B: Business Background of Applicant

12) Year of Establishment: 2019

13) Number of years for which you are dealing in Seeds: 2019

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

Part C: Field Crops are primarily

Key Varieties	Type
Improved / HYV	
Improved / HYV	
Hybrid	
Hybrid	
Hybrid	

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 or Distributor of _____

Pesticides or Distributor of _____

Others (specify) _____

20) Are you involved in any other businesses NOT related to agriculture? Yes / No

If yes, please share brief overview of the nature of business: _____

Part D: Financial Information of Applicant

26) Primary Bank Account of Business*
 Name of the Bank

UNION BANK OF INDIA
 CHANBALIARIA BRANCH

Name & address of Branch

IFSC Code of Branch

UPIIN054161718

Account No

06170101050217

Type of Account

28) Does the applicant have CC/OD facility from any bank? Yes / No

If Yes, Name of Bank

Name & address of Branch

CCOD Limit (Approx. in Rs lakhs)

30) Security Deposit* of Rs. 15000 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
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
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 Partnership Firm
7. Signed copy of Memorandum and Articles of Association
8. BOD resolution allowing representative to act and sign on behalf of the company
Additional documents for Private Limited Company

Mob No: 8336829400

Customer Care

Email: customercare_uacisandb@universalaagri.com

15. The Distributor paying through cheque must ensure that the cheque issued by the bank on whom the cheque is drawn, dishonors the cheque for reasons other than the company will levy a cheque Dishonor charge on the Distributor without 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 in the Schemes applicable for the period. Dues remaining unpaid above 180 days will be subject to company may levy interest on Overdue payments
17. The company will generally not accept any Sales Return unless the material supplied by the company 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 this policy for matters relating to Sales Return and obtain prior approval from the responsible person for dispatching material. The company will not provide any credit for material returned in violation of policy
18. The Distributor is required not to enter into any financial transactions with any member of 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 to 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 personal and unauthorized use 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 Return, 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 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, Anubhav Kumar Shukla acting on behalf of Kripal mowrya
(Name of Representative*) (Name of Distributor*)

herby 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

कृपाल मोरिया
(Signature of Representative of Distributor*)

Date _____
 Place _____

महिपाल बीज कम्पनी
सम्बलपुरा - जौनपुर
(Stamp of Distributor*)

Name of Company Official	
	Signature of Company Official

For Use

Particulars

1. Mandatory fields on Page 1	Mandatory fields on Page 1
2. Mandatory fields on Page 2	Mandatory fields on Page 2
3. Mandatory fields on Page 3	Mandatory fields on Page 3
4. Mandatory fields on Page 4	Mandatory fields on Page 4
5. Signature of representative	Photograph of representative
6. Signature of representative	Photograph of representative

Support ID

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
---	-------------------------------