

Internal Use		Yes	No
<b>Checklist for Sales Team Member Opening Distributorship</b>			
<b>Particulars</b>			
<b>Distributorship Form</b>			
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"/>
<b>Supporting Documents</b>			
	<b>ID Proof (Aadhaar Card/ Passport/ Driving License)</b>		
	Name on ID proof tallies with PAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed and stamped	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>Signed copy of Address Proof (Aadhaar Card/ Passport)</b>		
	Name on address proof tallies with ID Proof	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Address on address proof tallies with PAN / License	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed and stamped	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>Signed copy of PAN</b>		
	Name on PAN tallies with ID proof	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed and stamped	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>Signed copy of GST Certificate (if applicable)</b>		
	Name on Certificate tallies with ID Proof	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed and stamped	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>Signed copy of Seed License</b>		
	Name on license tallies with ID Proof	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	License is valid on the date of form	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If not, proof of application for renewal has been collected	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed and stamped	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>Statement of primary bank account(s) of business</b>		
	Name on account tallies with ID Proof	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Period is for last 3 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Primary bank account of business with significant transactions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed and stamped	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>Cheques</b>		
	3 cheques	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Not of any cooperative banks	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Contains valid signature of representative and stamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Contains no date	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Is not crossed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>Bank Deposit has been collected</b>		
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>Existing Network</b>		
	Name of the nearest distributors (can be more than 1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Distance from the nearest distributors	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Company Official  
*Rubam Shweta*

Signature of Company Official

15. The Distributor is required not to enter into any financial transactions with any member of the sales team without specific written instructions from the company.
16. The Distributor is required to provide a standard credit period of 60 days, the details of which are usually provided in the invoice. The company reserves the right to vary this period at any time. The Distributor will be liable for the dues within 60 days, the details of which are usually provided in the invoice. The company reserves the right to vary this period at any time. The Distributor will be liable for the dues within 60 days, the details of which are usually provided in the invoice. The company reserves the right to vary this period at any time.
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24. In addition to these, the company may from time to time issue communications on these and/ or other business practices or policies 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, SUBHRA PRAKASH KOLYA acting on behalf of SOUMYA KHANRA  
 (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 the best of my knowledge and understanding

Soumya Khanna  
 (Signature of Representative of Distributor\*)

**M/s. SOUMYA KHANRA**  
Soumya Khanna  
**Proprietor,**  
 (Stamp of Distributor\*)

Name of Company Official	Signature of Company Official

**Part D: Financial Information of Applicant**

28) Primary Bank Account of Business\*:  
 Name of the Bank: PUNJAB NATIONAL BANK  
 Name & address of Branch: DALSIPUR  
 IFSC Code of Branch: PUNB00181210  
 Account No: 0188250032540  
 Type of Account: Savings  / No   
 29) Does the applicant have CC/OD facility from any bank\*? Yes  / No   
 If Yes, Name of Bank: PUNJAB NATIONAL BANK  
 Name & address of Branch: DALSIPUR  
 CC/OD Limit (Approx. in Rs lakhs): 10 LAKH  
 30) Security Deposit\* of Rs. 100000/- paid through  Cheque No. 0518516 / 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: DALSIPUR  
 33) If Yes, approx. size: Address: PACCHIM NEDINIPUR 321211  
 34) Number of staff employed by the applicant: 6 persons  
 35) Does the applicant own any 2-wheeler? Yes  / No   
 If Yes, Number of such vehicles: 3 used for Business  / Personal  / Both   
 36) Does the applicant own any 4-wheeler? Yes  / No   
 If Yes, Number of such vehicles: 1 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	<ol style="list-style-type: none"> <li>Signed copy of ID Proof (Aadhaar Card/ Passport/ Driving License)</li> <li>Signed copy of Address Proof (Aadhaar Card/ Passport)</li> <li>Signed copy of PAN</li> <li>Signed copy of GST Certificate (if applicable)</li> <li>Signed copy of Seed License</li> <li>Statement of primary bank account(s) of business evidencing debit and credit transactions, for the last 3 months</li> </ol>
Additional documents for Partnership Firm	<ol style="list-style-type: none"> <li>Signed copy of registered partnership deed</li> <li>Authorization from all partners allowing representative to act and sign on behalf of the firm</li> </ol>
Additional documents for Private Limited Company	<ol style="list-style-type: none"> <li>Signed copy of Memorandum and Articles of Association</li> <li>BOD resolution allowing representative to act and sign on behalf of the company</li> </ol>

No: 8336929400

**Customer Care**

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



Part C: Market Intelligence & Sales Plan

Which Field Crops are primarily cultivated in this area?

Type	Key Variety	Key Brands	Approx. Volume (In MT)
Improved / HYV			
Improved / HYV			
Improved / HYV			
Hybrid			
Hybrid			
Hybrid			

  

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

  

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

  

Type	Key Variety	Key Brands	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\*?

Name of the Product	Quantity (MT)	
	Year 1	Year 2
PADDY 7029, 511, 1010	15 MT	20

In the area for which you seek our Distributorship (Area of Operation)\*?

TAL SUBDIVISION:

Your preferred Transporter / Courier\*

DTDC.

Do 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

All Completed and ready

#### APPLICATION FOR DISTRIBUTORSHIP

##### Part A: Basic Information of Applicant

1) Name of the Organization\* M/S SOUMYA KHANRA

2) Full Postal Address for correspondence\*:  
 Type of Location: Office  Shop  Godown  Residence   
 Street Name DAKPOUR  
 P.O DAKPOUR District PASCHIM MEDINIPUR  
 State WEST BENGAL PIN Code 721211

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   
SOUMYA KHANRA

5) Telephone No:  
 Office /Shop Landline: (STD Code) \_\_\_\_\_  
 Residence Landline: (STD Code) \_\_\_\_\_  
 Mobile\*: +91 9932370782 WhatsApp Mobile: +91 9932370782  
 Email ID: SOUMYA.KHANRA@GMAIL.COM

Preferred mode of communication: Email  SMS  Whatsapp

Income Tax Permanent Account No\*: BCVPK4735J

Is the applicant registered under GST\*: Yes  No

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

GST No 19BCVPK4735JIZV

Seeds Licence No\* SO3750

Valid Up to\* 24/06/2021 Issued By ADA(ADMIN) GHATAL

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



Name\* SOUMYA KHANRA

Gender\*: Male  Female

Relationship with applicant\*: Owner  Partner  Director  Others

Signature\*  
Soumya Khanra

Date: 14/06/2021  
14-06-20