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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
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15. The Distributor paying through cheque must ensure that the cheque issued by him is drawn on a 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. The details of which are hereby provided. Cash Discounts for paying dues within 60 days, the details of which are hereby provided. Schemes applicable for the period. Dues remaining unpaid above 180 days will be considered as Overdue payments. The company may levy interest on Overdue payments.
17. The company will generally not accept any Sales Return unless the material supplied was damaged. However, for select products, the company allows Sales Return within certain limits and under certain conditions. The Distributor is required to follow the details of which are available in the yearly Sales Return policy. The Distributor is required to follow this policy for matters relating to Sales Return and obtain prior approval from the responsible sales office for dispatching material. The company will not provide any credit for material returned in violation of the 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 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 instructions 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 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 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 registered email or through any other preferred mode of communication. However, the Distributor can ask for updated account statement at any time by sending email at customercare_uacisandb@universalsagri.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 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, Prasanna Ghosh acting on behalf of श्री २ डि वन प्राइवेट लि (Name of Distributor*)
 (Name of Representative*)

- 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 the best of my knowledge and understanding

श्री २ डि वन प्राइवेट लि
 (Signature of Representative of Distributor*)

UAA LAXMI PFF & BIANI
 Prod. श्री २ डि वन प्राइवेट लि
 (Stamp of Distributor*)

Date:

Place:

UAA LAXMI PFF & BIANI
 Prod. _____

	Signature of Company Official
Name of Company Official	

Part D: Financial Information

28) Primary Bank Account of Business*
 Name of the Bank ANARJA
 Name & address of Branch TARA
 IFSC Code of Branch ANRB0004095 Type of Account: Savings
 Account No 40952011000035

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) _____ / RTG

30) Security Deposit* of Rs _____ paid through Cheque No. _____ / 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
 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	
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 de 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 an 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 beha

Customer Care

Mob No: 8336929400

Email: customercare_uacisandb@uni

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
AMS HBS Seeds Pvt Ltd			60 MT
Dhanabasha Seeds			40 MT

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.

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) _____

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

If yes, please share broad overview of the nature of business

Sl No _____
(For Office use only)



inactive party

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

- Name of the Organization* MAA LAXMI BHAJI BHANDAR
- Full Postal Address for correspondence*:
Type of Location: Office Shop Godown Residence
Street Name MAA ULIPUR
P.O. AGRA District PURBA MEDINIPUR
State WB PIN Code 721429
- Nature of the Entity*: Sole Proprietorship Partnership Private Limited Co.
Cooperative/ Society Others (Specify) _____
- Name of Representative*: Proprietor / Managing Partner / Director / Authorised Signatory
HARIPADA PAJRA
- Telephone No:
Office /Shop Landline: (STD Code) _____
Residence Landline: (STD Code) _____
Mobile*: +91 91600012744 WhatsApp Mobile: +91 7407566549
Email ID*: _____
- Preferred mode of communication: Email SMS Whatsapp
- Income Tax Permanent Account No*: BCXPP4897E
- Is the applicant registered under GST*: Yes / No
- If yes, is the applicant registered under Composite Scheme of GST: Yes No
- GST No _____
- Seeds Licence No* _____ R
Valid Up to* ____/____/____ Issued By _____

Signature and Photograph of Person Authorized to Represent the Applicant

Affix photograph*



Name* _____

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Signature*

শ্রী হরিপদা পাজরা

Date: 01/11/20