

**For Internal Use**

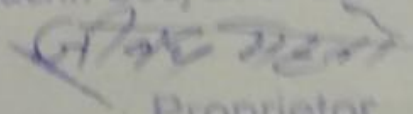
**Checklist for Sales Team Member Opening Distributorship**

		Yes	No
<b>Particulars</b>			
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	✓	
<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 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		
<b>Signed By:</b>			
Company Official		Signature of Company Official	

17. The Distributor is required to provide a statement every month stating that the Distributor has not received any order from the date of the invoice. The Distributor is required to provide a statement every month stating that the Distributor has not received any order from the date of the invoice. The Distributor is required to provide a statement every month stating that the Distributor has not received any order from the date of the invoice.
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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 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, JIBACHH MAHTO acting on behalf of JIBACHH BEEJ BHANDAR  
 (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

Jibachh Beej Bhandar  
  
 Proprietor  
 (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: BANK OF INDIA  
 Name & address of Branch: ARARIA SAHGRAM  
 IFSC Code of Branch: BKI00005776 Type of Account: Savings/Curren  / No   
 Account No: 57762011000009
- 29) Does the applicant have CC/OD facility from any bank\*? Yes  / No   
 If Yes, Name of Bank: BANK OF INDIA  
 Name & address of Branch: ARARIA SAHGRAM  
 CC/OD Limit (Approx. in Rs lakhs): 500000 / RTGS   
 Security Deposit\* of Rs.  paid through  Cheque No.  / No
- 30) Is the Office/ Shop used by the Distributor, owned by the Distributor\*? Yes  / No   
 If Yes, approx. size  Address:
- 31) Is the Godown used by the Distributor, owned by the Distributor\*? Yes  / No   
 If Yes, approx. size  Address:
- 32) Number of staff employed by the applicant
- 33) Does the applicant own any 2-wheeler? Yes  / No   
 If Yes, Number of such vehicles 01 used for Business  / Personal  / Both
- 34) Does the applicant own any 4-wheeler? Yes  / No   
 If Yes, Number of such vehicles  used for Business  / Personal  / Both
- 35) 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>

**Mob No:** 8336929400

### Customer Care

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

**Part B: Business Background of Applicant**

Year of Establishment:

Yes  / No

- 12) Year of Establishment:
- 13) Number of years for which you are dealing in Field Crops\*:
- 14) Number of years for which you are dealing in Field Crops\*:
- 15) Are you a Distributor of any other company dealing in Field Crops\*? Yes  / No
- 16) Are you a Distributor of any other company dealing in Field Crops\*? Yes  / No
- 17) Are you a Distributor of any other company dealing in Vegetables\*? Yes  / No
- 18) Are you a Distributor of any other company dealing in Vegetables\*? Yes  / No

Company Name	Vintage of Relationship (In years)	Key Products Sold Last Year	Approximate Turnover Last Year
Amazon			
Team feed			

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 \_\_\_\_\_





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@universalgri.in,  
Website: www.universalgri.net

## APPLICATION FOR DISTRIBUTORSHIP

### Part A: Basic Information of Applicant

- Name of the Organization\* JIVACHHIA BEET BHANDAR
- Full Postal Address for correspondence\*:  
Type of Location: Office  Shop  Godown  Residence   
Street Name TULAPATIAH SAHARAM MADHUBAHI  
P.O TULAPATIANS District MADHUBAHI  
State BIMAR PIN Code 847109  
Nature of the Entity\*: Sole Proprietorship  Partnership  Private Limited Co.   
Cooperative/ Society  Others  (Specify) \_\_\_\_\_  
Authorized Signatory
- Name of Representative\*: JIVACHHIA MAHATO
- Telephone No. \_\_\_\_\_  
Office /Shop Landline: (STD Code) \_\_\_\_\_  
Residence Landline: (STD Code) \_\_\_\_\_  
Mobile\*: +91 9939985638 WhatsApp Mobile: +91 9939985638  
Email ID\*: TRAYKETO611@gmail.com  
Preferred mode of communication: Email  SMS  Whatsapp
- Income Tax Permanent Account No\*: 66PM3508L
- Is the applicant registered under GST\*: Yes  / No
- If yes, is the applicant registered under Composite Scheme of GST:  Yes  No
- GST No 10B66PM3508L12L
- Seeds Licence No\* SL211171148  
Valid Up to\* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Issued By \_\_\_\_\_

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



Name\* JIVACHHIA MAHATO

Gender\*: Male  Female

Relationship with applicant\*: Owner  Partner  Director  Others

Signature\* Jivachhia Mahato

Date: \_\_\_\_\_