

Part D: Financial Information of Applicant

28) Primary Bank Account of Business*

Name of the Bank

H N F C BANK

Name & address of Branch

M J K M O L I

IFSC Code of Branch

H N F C 0 0 0 2 7 9 0

Account No

5 0 2 0 0 0 0 4 9 1 2 6 2 4

Type of Account: Savings/Current/OD

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)

Cheque No. / RTGS

30) Security Deposit* of Rs. 100000 paid through Cheque No. / RTGS

31) Is the Office/ Shop used by the Distributor, owned by the Distributor*? Yes / No

32) Is the Godown used by the Distributor, owned by the Distributor*? Yes / No

34) Number of staff employed by the applicant 5

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 debit and credit 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 and sign on behalf of 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 behalf of the company

Customer Care

Mob No: 8336929400

Email: customercare_uacisandb@universalagni.in

Sales Team Member Opening Distributorship		Yes	No
Distributorship Form			
1 Mandatory fields on Page 1 filled up			
2 Mandatory fields on Page 2 filled up			
3 Mandatory fields on Page 3 filled up			
4 Mandatory fields on Page 4 filled up			
5 Mandatory fields on Page 6 filled up			
6 Signature of representative added on Page 1			
7 Photograph of representative affixed on Page 1			
8 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			
Bank 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:			
Company Official		Signature of Company Official	

Part C: Market Intelligence & Sales Plan

21) Which Field Crops are primarily cultivated in this area?

Type	Key Variety	Paddy Companies Offering Them	Approx. Volume (In MT)
OP			
OP			
OP			
Improved / HYV			
Improved / HYV			
Improved / HYV			
Hybrid			
Hybrid			
Hybrid			

Type	Key Variety	Wheat Companies Offering Them	Approx. Volume (In MT)

Type	Key Variety	Mustard Companies Offering Them	Approx. Volume (In M)

Type	Key Variety	Maize Companies Offering Them	Approx. Volume (In MT)

22) Which 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

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

Name of the Product	Quantity (MT)	
	Year 1	Year 2
Field Crop		
Field Crop		
Field Crop		
Field Crop		
Vegetable		
Vegetable		
Vegetable		

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

Name your preferred Transporter / Courier*

Please share if you have any suggestions to improve business

Part B: Business Background of Applicant

12) Year of Establishment:

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

Yes / No

14) Are you a Distributor of any other company dealing in Field Crops*?

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

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 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

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

APPLICATION FOR DISTRIBUTORSHIP

Part A: Basic Information of Applicant

1) Name of the Organization* SAJ SEEDS

2) Full Postal Address for correspondence*
Type of Location: Office Shop Godown Residence
Street Name SAJ SEEDS
VILLI NIRMALI WORK NO 14 SUBHASH CHOWK
P.O NIRMALI District SUPAUL
State BIHAR PIN Code 847452

3) Nature of the Entity*: Sole Proprietorship Partnership Private Limited Co.
Cooperatives/ Society Others (Specify) _____
Proprietor / Managing Partner / Director / Authorised Signatory
MANISH KUMAR SHARMA

5) Telephone No:
Office /Shop Landline: (STD Code) _____
Residence Landline: (STD Code) _____
Mobile*: +91 9430828421 WhatsApp Mobile: +91 9430828421
Email ID*: SAJSEEDS@NIRMALI@GMAIL.COM
Preferred mode of communication: Email SMS Whatsapp
Income Tax Permanent Account No*: BJNPSS5594E
Is the applicant registered under GST*: Yes / No
Is the applicant registered under Composite Scheme of GST: Yes No
GST No 10BJNPSS5594E1ZU
Seeds Licence No* SL2138171397
Valid Up to* 12/06/2025 Issued By DAOSUPAUL

Signature and Photograph of Person Authorized to Represent the Applicant



Name* MANISH KUMAR SHARMA

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

वास्ते साईट्स
मनिष कुमार शर्मा
प्रोप्राईटर

Date: _____