

	Yes	No
<p>Signature of representative affixed on Page 1</p> <p>Signature of representative affixed on Page 2</p> <p>Signature of representative affixed on Page 1</p> <p>Signature of representative affixed on Page 2</p> <p>Signature of representative affixed on Page 1</p> <p>Signature of representative affixed on Page 2</p> <p>Signature of representative affixed on Page 1</p> <p>Signature of representative affixed on Page 2</p>		
<p>Supporting Documents</p> <p>Proof (Aadhaar Card/ Passport/ Driving License)</p> <p>Name on ID proof tallies with PAN</p> <p>Signed and stamped</p>		
<p>Proof copy of Address Proof (Aadhaar Card/ Passport)</p> <p>Name on address proof tallies with ID Proof</p> <p>Address on address proof tallies with PAN / License</p> <p>Signed and stamped</p>		
<p>Proof copy of PAN</p> <p>Name on PAN tallies with ID proof</p> <p>Signed and stamped</p>		
<p>Proof copy of GST Certificate (if applicable)</p> <p>Name on Certificate tallies with ID Proof</p> <p>Signed and stamped</p>		
<p>Proof copy of Saaf License</p> <p>Name on license tallies with ID Proof</p> <p>License is valid on the date of form</p> <p>If not, proof of application for renewal has been collected</p> <p>Signed and stamped</p>		
<p>Statement of primary bank account(s) of business</p> <p>Name on account tallies with ID Proof</p> <p>Period is for last 3 months</p> <p>Primary bank account of business with significant transactions</p> <p>Signed and stamped</p>		
<p>Cheques</p> <p>3 cheques</p> <p>Not of any cooperative banks</p> <p>Contains valid signature of representative and stamp</p> <p>Contains no date</p> <p>Is not crossed</p>		
<p>Security Deposit has been collected</p>		
<p>Proximity to Existing Network</p> <p>Name of the nearest distributors (can be more than 1)</p> <p>Distance from the nearest distributors</p>		

Signature of Company Official

Signature of Company Official

16. The company will not accept any Sales Return unless the Distributor provides the details of the material returned to the company within 30 days of the date of dispatching material. The company will not provide any credit for material returned to the company.
17. The company will generally not accept any Sales Return unless the Distributor provides the details of the material returned to the company within 30 days of the date of dispatching material. The company will not provide any credit for material returned to the company.
18. The Distributor is required not to enter into any financial transactions with any member of the sales team without the prior approval of the company. All such transactions will be considered as personal 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 the prior approval of the company.
20. The Distributor is required to maintain the integrity of the packaging in which the products are supplied. The Distributor is required to comply with all requirements of GST as applicable to him, related to periodic returns, invoices, and other documents. Further, the Distributor may be required to share with the company, upon request, documents supporting compliance of such requirements of GST.
21. The Distributor is required to comply with all requirements of GST as applicable to him, related to periodic returns, invoices, and other documents. 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 a registered email or through any other preferred mode of communication. However, the Distributor can ask for an updated account statement at any time by sending email at customercare_uacisandb@universalagri.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 on a registered email or through any other preferred mode 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. Upon completion of review, the Distributor will be required to sign and seal on the Confirmation and hand it over to the company.
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, _____ acting on behalf of Khokan Chandu Bag
 (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

Manglamaro Beej Bhandar

Khokan Chandu Bag
 (Signature of Representative of Distributor*)

Proprietor
 (Stamp of Distributor*)

Date: 02.11.2021

Place: Manglamaru

Name of Company Official	Signature of Company Official

28) Primary Bank Account of Business*:

Name of the Bank

BHANDHAN BANK

Name & address of Branch

BHAGWANPUR

IFSC Code of Branch

BDBL0001043

Account No

10170003060856

Type of Account

9) 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)

Security Deposit* of Rs. paid through Cheque No.

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

If Yes, approx. size Address:

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

If Yes, approx. size Address:

Number of staff employed by the applicant

Does the applicant own any 2-wheeler? Yes / No

If Yes, Number of such vehicles used for Business / Personal

Does the applicant own any 4-wheeler? Yes / No

If Yes, Number of such vehicles used for Business / Personal

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/ Driving License) 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 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 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

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*
- 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:

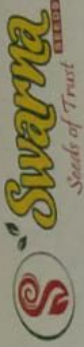
Company Name	Vintage of Relationship (In years)	Key Products Sold Last Year	Approximate Turnover Last Year

- 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@universlagri.in,
Website: www.universlagri.net

APPLICATION FOR DISTRIBUTORSHIP

Part A: Basic Information of Applicant

- 1) Name of the Organization* M A N G L A M A R O B E E S B H A N D A R
- 2) Full Postal Address for correspondence*:
Type of Location: Office Shop Godown Residence
Street Name V I L L M A N G L A M A R O
District P U R B A M E D I N I P U R
P.O M A N G L A M A R O PIN Code 7 2 1 1 4 3 4
State W E S T B E N G A L Partnership Private Limited Co.
3) Nature of the Entity*: Sole Proprietorship Partnership Others (Specify) _____
Cooperative/ Society / Managing Partner / Director / Authorised Sign
4) Name of Representative*: K H O K A N C H A N D R A B A S
5) Telephone No: _____
Office /Shop Landline: (STD Code) _____
Residence Landline: (STD Code) _____
Mobile*: +91 9 7 3 3 6 4 6 4 9 0 WhatsApp Mobile: +91 _____
Email ID*: _____
Preferred mode of communication: Email SMS Whatsapp
Income Tax Permanent Account No*: B Q M P B 7 6 9 1 B
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* _____
Valid Up to* _____ / _____ / _____ Issued By _____

Signature and Photograph of Person Authorized to Represent the Applicant



Name* _____

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Other

Signature*

Khokan Chandn Bag

Date: 0 2 / 1 1