

Internal Use

Checklist for Sales Team Member Opening Distributorship

Particulars	Yes	No
Distributorship Form		
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"/>
Supporting Documents		
ID Proof (Aadhaar Card/ Passport/ Driving License)		
Name on ID proof tallies with PAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Signed and stamped	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Signed copy of Address Proof (Aadhaar Card/ Passport)		
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"/>
Signed copy of PAN		
Name on PAN tallies with ID proof	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Signed and stamped	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Signed copy of GST Certificate (if applicable)		
Name on Certificate tallies with ID Proof	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Signed and stamped	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Signed copy of Seed License		
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"/>
Statement of primary bank account(s) of business		
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"/>
Blank Cheques		
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"/>
Security Deposit has been collected	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Effect on Existing Network		
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"/>

Approved By: Name of Company Official	Signature of Company Official
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Part F: General Terms & Conditions of Business

- The company will designate an Area of Operation for the Distributor at the time of initiating the distributorship. The Distributor is required to restrict its operations to the designated Area of Operation only and should not venture beyond the area designated. However, subsequently, the Distributor can enter the Area of Operation but only after prior discussion with the responsible company official.
- The company will appoint a Territory Sales Manager (TSM) to serve the Area of Operation designated to the Distributor. While the TSM will be first point of contact for the Distributor and should be able to resolve all queries of the Distributor, the Distributor can at any point contact the other sales officials of the company responsible for that area. Further, for any queries the Distributor can contact the Head Office of the company by sending email at customercare_uacisandb@universalagri.in or by calling the Customer Care Helpline at +91 8336929466.
 - In addition to the TSM, the company may appoint one or more permanent/ temporary sales team members to serve the area as it deems fit. The sales team members will primarily focus on conducting sales promotional activities in the area and engaging with existing or potential customers. The Distributor will be required to support the local sales team by guiding their sales promotional activities.
 - The Distributor can place his orders with the respective TSM either verbally or in writing or through any documented communication. A confirmation of the material ordered by the Distributor will be shared with him on his registered mobile via SMS/ Whatsapp at the time the order is entered into the company's CRM solution. In case of any issues, the Distributor is required to contact the TSM urgently after receiving the intimation.
 - The company will deliver material only against confirmed orders placed by the Distributor with the TSM. In case the Distributor ever receives any material not ordered by him, either in terms of quantity, packing sizes, or products, the Distributor is required to inform the company about the discrepancy, within 48 hours of receiving the material by sending email at customercare_uacisandb@universalagri.in in the absence of any such emails or other documented communications, it will be assumed that the material received was as per orders placed.
 - The company may deliver material at the location specified by the Distributor through 3rd party transporters either in full or part load at the cost of the company. At the point of receiving the material from the transporter, the Distributor will be required to physically inspect the material and check the quantity, weight and condition of material supplied.
 - The company will only dispatch material which are in saleable & good condition. So, if any damaged material is ever received by the Distributor, it is likely that the goods got damaged in transit. In such a situation, the Distributor should not accept the material and should urgently inform the respective TSM of the company about the damage. If the Distributor accepts the material from the transporter, it should be only under express instruction of the respective Territory Sales Manager. Further, the Distributor is required to send email at customercare_uacisandb@universalagri.in in this incident within 48 hours of receiving the material. In the absence of any such emails or other documented communications, it will be assumed that the material received was not damaged in anyway.
 - The Distributor may be required to pay to the transporter the freight charges as directed by the company at the point of accepting delivery only after inspection of material. The Distributor may be reimbursed the freight paid either by way of deduction from the bill or through a Credit Note.
 - If the Distributor reports to have received any material not ordered by him or any material damaged in transit, and the same is verified by the responsible company official, the company may take back the material in question and may make the appropriate adjustments in its books of accounts.
 - The company will send a hardcopy of the invoice along with the material. On receipt of the invoice, Distributor is required to reconcile the quantity, packing size and product mentioned on the invoice with the material received. In case of any discrepancy, the Distributor is required to inform the company about the issue within 48 hours of receiving the material by sending email at customercare_uacisandb@universalagri.in in the absence of any such emails or other documented communications, it will be assumed that the material received is as per invoice.
 - The company will issue an official Price List of its products covering the area of operation of the Distributor at the beginning of each season. The Distributor is required to obtain a copy of this Price List either from the respective TSM or by sending an email at customercare_uacisandb@universalagri.in. The company will invoice its products only at the prices mentioned on the Price List. The Distributor should not expect any prices other than those mentioned on the Price List unless there is a documented communication of the same issued by the Head Office of the company.
 - The company may from time to time, issue benefit schemes covering the Distributor's area of operation. These benefits are typically linked to prompt payments and bulk sale volumes. The Distributor is required to obtain copies of these schemes from the respective TSM or by sending email at customercare_uacisandb@universalagri.in. The company will provide these benefits only by following the specific terms and conditions mentioned in the scheme. The Distributor should not expect any benefits other than those mentioned on the scheme unless there is a documented communication of the same issued by the Head Office of the company.
 - The company will only sanction the prices and benefits/ schemes mentioned on documented official communications issued by the Head Office of the company. The company will be under no obligation to accept any claims by the Distributor on prices or benefits/ schemes not mentioned on any official communications issued by the Head Office of the company for the Distributor's area of operation. If the local sales representative commits any special prices or benefits/ schemes, the Distributor is required to obtain an official communication of the same issued by the Head Office of the company before acting on the basis of such commitments.
 - The company will accept payment only through Fund Transfers (RTGS/ NEFT/ IMPS) or crossed cheques drawn on any banks other than cooperative banks. The company will not accept any payments in cash. However, if in any special circumstances, the company agrees to accept payment in cash, the Distributor is required to obtain a Money Receipt of the company for such payments from the company official accepting this payment.

Part D: Financial Information of Applicant

- 28) Primary Bank Account of Business*
 Name of the Bank UTTARA BIHARI GRAMINE BANK
 Name & address of Branch P.O. BALUAMAI SAMARSA
 IFSC Code of Branch UINOR10001 Type of Account: Savings/Current/OT
 Account No. 7007881330008434 / No
- 29) Does the applicant have CC/OD facility from any bank*? Yes / No
 If Yes, Name of Bank UTTARA BIHARI GRAMINE BANK
 Name & address of Branch P.O. BALUAMAI SAMARSA
- 30) Security Deposit* of Rs. 4 paid through Cheque No. / RTGS
- 31) Is the Office/ Shop used by the Distributor, owned by the Distributor*? Yes / No
 If Yes, approx. size 10' x 4' Address: BAMAN ROAD BALUAMAI
BARA
- 32) Is the Godown used by the Distributor, owned by the Distributor*? Yes / No
 If Yes, approx. size 60' x 56' Address: MAN ROAD BALUAMAI BARA
- 34) Number of staff employed by the applicant 3
- 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@universalagri.in

Part C: Market Intelligence & Sales Plan

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

Paddy			
Type	Key Variety	Companies Offering Them	Approx. Volume (In MT)
OP	Rajeswara Manjari		
OP	MTU 7029		
OP	MTU 1001		
Improved / HYV	B.B.11		
Improved / HYV	G.S. 1		
Improved / HYV			
Hybrid			
Hybrid	6464		
Hybrid	PHI 71		
Wheat			
Type	Key Variety	Companies Offering Them	Approx. Volume (In MT)
OP	343, 262, 234		
Resist.	303, 549,		
Mustard			
Type	Key Variety	Companies Offering Them	Approx. Volume (In MT)
OP	Pusa bald		
	BG		
Maize			
Type	Key Variety	Companies Offering Them	Approx. Volume (In MT)
HY	3522		
HY	3355		
"	Godfather		
"	9165		

22) What are the important Vegetable crops cultivated in this area?

Crops	Key Variety	Key Brands	Approx. Volume (In MT)
Rs. OP. HY	okra	AJwal-	
	Bottle Gourd		
	Patil Gourd		

23) Which are main companies operating in this area?

Company Name	Key products	Approx. Turnover	Sales Team Size	Mode of work

24) 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		

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

Satosa (Baluhah)

26) Name your preferred Transporter / Courier*

J.V Road Line / Jee Line

27) Please share if you have any suggestions to improve business

Part B: Business Background of Applicant

- 12) Year of Establishment: 2015
 13) Number of years for which you are dealing in Seeds: 2017
 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
Ajeef Seeds Pvt Ltd	5	Wheat	15 Lakhs
Hitech Seeds India Ltd	4	Maize	7 Lakhs
C.T. Seeds	3	Maize, Paddy	6 Lakhs

- 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: Self our Country

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 FMC, India Pvt Ltd,
 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

FMC India Pvt Ltd
(2015-2017)

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

- Name of the Organization* **KOSHI TRADERS**
- Full Postal Address for correspondence*:
Type of Location: Office Shop Godown Residence
Street Name **MAIN ROAD BALUAHA BAZAR**
P.O **BALUAHA** District **SAHARSA**
State **BIHAR** PIN Code **852216**
- Nature of the Entity*: Sole Proprietorship Partnership Private Limited Co.
Cooperative/ Society Others (Specify) _____
- Name of Representative*: Proprietor / Managing Partner / Director / Authorised Signatory
GOPAL KUMAR
- Telephone No:
Office /Shop Landline: (STD Code) _____
Residence Landline: (STD Code) _____
Mobile*: +91 **7667098081** WhatsApp Mobile: +91 **9472209640**
Email ID*: **gk36485@gmail.com**
- Preferred mode of communication: Email SMS Whatsapp
- Income Tax Permanent Account No*: _____
- Is the applicant registered under GST*: Yes / No
- If yes, is the applicant registered under Composite Scheme of GST: Yes No
- GST No **10CFVPK41397I28**
- Seeds Licence No* **14/2014**
Valid Up to* **06/07/2025** Issued By **S A O SAHARSA**

Signature and Photograph of Person Authorized to Represent the Applicant



Name* **GOPAL KUMAR**

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Signature*

जीपाल कुमार
मेसर्स कोशी ट्रेडर्स
बलुआहा (सहरसा)

Date: **09/08/2021**