

Internal Use

Checklist for Sales Team Member Opening Distributorship

Particulars

Distributorship Form

		Yes	No
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 5 filled up		
	Signature of representative added on Page 1		
	Photograph of representative affixed on Page 1		
	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

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:

of Company Official

Signature of Company Official

15. The Distributor paying through cheque must ensure that the cheque is drawn on a bank account of the company. If the bank on whom the cheque is drawn, dishonors the cheque, then the company will levy a cheque Dishonor charge on the Distributor. The company will provide a standard credit period of 60 days from the date of invoice. Cash Discounts for paying dues within 60 days, the details of which are given in the Schemes applicable for the period. Dues remaining unpaid above the credit period, the company may levy interest on Overdue payments.
16. The company will generally not accept any Sales Return unless the Distributor provides the details of which are available in the yearly Sales Return policy. However, for select products, the company allows Sales Return with prior approval. This policy for matters relating to Sales Return and obtain prior approval of the company before dispatching material. The company will not provide any credit for material returned.
17. The Distributor is required not to enter into any financial transactions with the company in the form of material or funds. All such transactions will be considered as advances from the company. The company will not be liable for the outcome of such transactions.
18. The Distributor will not handover any material to any member of the sales team issued by the Head Office of the company.
19. The Distributor is required to maintain the integrity of the packaging in which the company at all times and is required not to tamper with the packets, designs, logos or designs, logos or designs, logos or designs, logos and trademarks of the company in any way. Any unauthorized use of the company's designs, logos or trademarks, or infringement of the intellectual property rights of the company.
20. The Distributor is required to comply with all requirements of GST as applicable to the company. Credit Notes and others with respect to its transactions with the company. Further, the company will share with the Distributor, upon request, documents supporting compliance of such requirements.
21. The company will share with the Distributor, an Account Statement at the end of every month registered email or through any other preferred mode of communication. However, the company will share with the Distributor, a Confirmation of Accounts at the end of every month updated account statement at any time by sending email at **customer_care_uacisandub** calling the Customer Care Helpline at **+91 8336929400**.
22. The company will share with the Distributor, a Confirmation of Accounts at the end of every month his registered email or through any other preferred modes of communication. The Distributor will reconcile the account statement and reconcile the balance on the statement with the balance in his books. Upon completion of review, the Distributor will be required to sign and seal on the Confirmation and TSM.
23. In addition to these, the company may from time to time issue communications on these and other policies which may, from the date of such communication, supersede any business practices or policies followed by the company including but not limited to the ones mentioned above.
24. Disputes, if any, will be subject to the jurisdiction of the courts of Kolkata, West Bengal.

I, MUKUND RAJAN acting on behalf of 2777 SANGITA & CO
 (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

 (Signature of Representative of Distributor*)

Date:
 Place:

Kisan Sewa Kendra
2777 SANGITA & CO
 (Stamp of Distributor*)
Proprietor

Name of Company Official	Signature of Company Official

Team Member Opening Distributorship Form

Fields on Page 1 filled up _____

Fields on Page 2 filled up _____

Fields on Page 3 filled up _____

Fields on Page 4 filled up _____

Fields on Page 6 filled up _____

Fields of representative added on Page 1 _____

Fields of representative added on Page 1 _____

Fields of representative added on Page 2 _____

Supporting Documents

Name on Aadhaar Card/ Passport/ Driving License _____

Signed and stamped _____

Name on ID proof (Aadhaar) _____

Signed and stamped _____

Name on address _____

Address on address _____

Signed and stamped _____

Signed copy of PAN _____

Name _____

Signed _____

Signed copy of G _____

Signed _____

Part D: Financial Information of Applicant

- 28) Primary Bank Account of Business*
 Name of the Bank
 Name & address of Branch
 IFSC Code of Branch
 Account No. Type of Account
- 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)
 30) Security Deposit* of Rs. paid through Cheque 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 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

Mob No: 8336929400

Customer Care

Email: customercare_uacisandb@universalagri.in

Part F: General Terms & Conditions

Company will designate an Area of Operation for the Distributor in the area designated. However, subsequently, the company will appoint a Territory Sales Manager. Further, for any queries the Distributor can contact customercare_uacisandb@universalagri.in or in addition to the TSM, the company may appoint an area as it deems fit. The sales team member in the area will be first point of contact for the Distributor. A confirmation of the communication via SMS/ Whatsapp at the time of communication is required to contact the Distributor. The company will deliver material or send email at customer's request. The Distributor is required to inform the company in writing if they are unable to receive the material. The Distributor should not accept the material without the Territory Sales Manager's communication. The Distributor should not accept the material without the Territory Sales Manager's communication. The Distributor should not accept the material without the Territory Sales Manager's communication. The Distributor should not accept the material without the Territory Sales Manager's communication.

Part C: Market Intelligence & Sales Plan

Which Field Crops are primarily cultivated in this area?

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

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

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

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

22) What 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

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

Name of the Product		Quantity (MT)	
		Year 1	Year 2
Field Crop	7029		
Field Crop	RM		
Field Crop			
Field Crop			
Vegetable			
Vegetable			
Vegetable			

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

26) Name your preferred Transporter / Courier*

27) 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:
 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

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

APPLICATION FOR DISTRIBUTORSHIP

Part A: Basic Information of Applicant

- 1) Name of the Organization* KRISHA SEVA KENDRA
- 2) Full Postal Address for correspondence*:
Type of Location: Office Shop Godown Residence
Street Name BHAUR HANPUR SITAMADHI
P.O BHAUR District SITAMADHI
State BHAR PIN Code 843318
- 3) Nature of the Entity*: Sole Proprietorship Partnership Private Limited Co.
Cooperative/ Society Others (Specify) _____
- 4) Name of Representative*: Proprietor / Managing Partner / Director / Authorised Signatory
RAM KRISHOR SAH
- 5) Telephone No:
Office /Shop Landline: (STD Code) _____
Residence Landline: (STD Code) _____
Mobile*: +91 9431460982 WhatsApp Mobile: +91 8452006750
Email ID*: _____
Preferred mode of communication: Email SMS Whatsapp
Income Tax Permanent Account No*: 216PS8683D
Is the applicant registered under GST*: Yes No
If yes, is the applicant registered under Composite Scheme of GST: Yes No
GST No 10C16PS8683D12A
Seeds Licence No* SL2136170119
Valid Up to* 04/03/2023 Issued By 16032020

Signature and Photograph of Person Authorized to Represent the Applicant



Name* RAM KRISHOR SAH

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Signature*

Ram Krishor Sah

Date: _____