

Internal Use

Checklist for Sales Team Member Opening Distributorship

**Particulars**  
Distributorship Form

|  | Yes                                 | No |
|--|-------------------------------------|----|
| 14 Mandatory fields on Page 1 filled up                        | <input checked="" type="checkbox"/> |    |
| 4 Mandatory fields on Page 2 filled up                         | <input checked="" type="checkbox"/> |    |
| 3 Mandatory fields on Page 3 filled up                         | <input checked="" type="checkbox"/> |    |
| 6 Mandatory fields on Page 4 filled up                         | <input checked="" type="checkbox"/> |    |
| 4 Mandatory fields on Page 6 filled up                         | <input checked="" type="checkbox"/> |    |
| Signature of representative added on Page 1                    | <input checked="" type="checkbox"/> |    |
| Photograph of representative affixed on Page 1                 | <input checked="" type="checkbox"/> |    |
| Signature of representative added on Page 2                    | <input checked="" type="checkbox"/> |    |
| <b>Supporting Documents</b>                                    |                                     |    |
| ID Proof (Aadhaar Card/ Passport/ Driving License)             | <input checked="" type="checkbox"/> |    |
| Name on ID proof tallies with PAN                              | <input checked="" type="checkbox"/> |    |
| Signed and stamped   | <input checked="" type="checkbox"/> |    |
| Signed copy of Address Proof (Aadhaar Card/ Passport)          | <input checked="" type="checkbox"/> |    |
| Name on address proof tallies with ID Proof                    | <input checked="" type="checkbox"/> |    |
| Address on address proof tallies with PAN / License            | <input checked="" type="checkbox"/> |    |
| Signed and stamped   | <input checked="" type="checkbox"/> |    |
| Signed copy of PAN   | <input checked="" type="checkbox"/> |    |
| Name on PAN tallies with ID proof                              | <input checked="" type="checkbox"/> |    |
| Signed and stamped   | <input checked="" type="checkbox"/> |    |
| Signed copy of GST Certificate (if applicable)                 | <input checked="" type="checkbox"/> |    |
| Name on Certificate tallies with ID Proof                      | <input checked="" type="checkbox"/> |    |
| Signed and stamped   | <input checked="" type="checkbox"/> |    |
| Signed copy of Seed License                                    | <input checked="" type="checkbox"/> |    |
| Name on license tallies with ID Proof                          | <input checked="" type="checkbox"/> |    |
| License is valid on the date of form                           | <input checked="" type="checkbox"/> |    |
| If not, proof of application for renewal has been collected    | <input checked="" type="checkbox"/> |    |
| Signed and stamped   | <input checked="" type="checkbox"/> |    |
| Statement of primary bank account(s) of business               | <input checked="" type="checkbox"/> |    |
| Name on account tallies with ID Proof                          | <input checked="" type="checkbox"/> |    |
| Period is for last 3 months                                    | <input checked="" type="checkbox"/> |    |
| Primary bank account of business with significant transactions | <input checked="" type="checkbox"/> |    |
| Signed and stamped   | <input checked="" type="checkbox"/> |    |
| Blank Cheques  | <input checked="" type="checkbox"/> |    |
| 3 cheques  | <input checked="" type="checkbox"/> |    |
| Not of any cooperative banks                                   | <input checked="" type="checkbox"/> |    |
| Contains valid signature of representative and stamp           | <input checked="" type="checkbox"/> |    |
| Contains no date   | <input checked="" type="checkbox"/> |    |
| Is not crossed   | <input checked="" type="checkbox"/> |    |
| Security Deposit has been collected                            | <input checked="" type="checkbox"/> |    |
| Effect on Existing Network                                     | <input checked="" type="checkbox"/> |    |
| Name of the nearest distributors (can be more than 1)          | <input checked="" type="checkbox"/> |    |
| Distance from the nearest distributors                         | <input checked="" type="checkbox"/> |    |

**Approved By:**

Name of Company Official

*Roufam Shwige*

Signature of Company Official

Sarkar

- 15. The Distributor paying through cheque must ensure that the cheque issued by him is honored on the date of the cheque. If the bank on whom the cheque is drawn, dishonors the cheque for reasons related to "insufficient funds" or "return of cheque for reasons related to 'insufficient funds'", the company will levy a cheque Dishonor charge on the Distributor without prejudicing its right to take any other course of action.
- 16. The company will provide a standard credit period of 60 days from the date of the invoice. The company will not provide a standard credit period of 60 days from the date of the invoice. The company will provide a standard credit period of 60 days from the date of the invoice. The company will provide a standard credit period of 60 days from the date of the invoice.
- 17. The company will generally not accept any Sales Return unless the material supplied were damaged or spoiled. However, for select products, the company allows Sales Return within certain limits and under certain conditions. The details of which are available in the yearly Sales Return policy. The Distributor is required to follow the details of which are available in the yearly Sales Return policy. The Distributor is required to follow the details of which are available in the yearly Sales Return policy.
- 18. The Distributor is required not to enter into any financial transactions with any member of the sales team in the form of material or funds. All such transactions will be considered as personal and unsanctioned by the company. The Distributor will not handover any material to any member of the sales team without specific written approval from the Head Office of the company.
- 19. The Distributor is required to maintain the integrity of the packaging in which the products are supplied. The Distributor is required to maintain the integrity of the packaging in which the products are supplied.
- 20. The Distributor is required to maintain the integrity of the packaging in which the products are supplied. The Distributor is required to maintain the integrity of the packaging in which the products are supplied.
- 21. The Distributor is required to comply with all requirements of GST as applicable to him, related to periodic returns 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 through registered email or through any other preferred mode of communication. However, the Distributor can also request an updated account statement at any time by sending email at [customer-care\\_uacisandb@universalsagrl.com](mailto:customer-care_uacisandb@universalsagrl.com) 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 through his registered email or through any other preferred modes 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. At the completion of review, the Distributor will be required to sign and seal on the Confirmation and hand it over to the TSM.
- 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 Siddheswar Sarkar  
 (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 to the best of my knowledge and understanding

\_\_\_\_\_  
 (Signature of Representative of Distributor\*)

**SIDDHESWAR SARKAR**  
Siddheswar Sarkar  
 Proprietor  
 \_\_\_\_\_  
 (Stamp of Distributor\*)

Date: 18-5-21  
 Place: Radhanagar, Aulagora

|                          |                               |
|--------------------------|-------------------------------|
| Name of Company Official | Signature of Company Official |
|                          |                               |

Inter  
 Checklist  
 Part  
 Distr  
 14 M  
 2 4 M  
 3 3 M  
 4 6 M  
 5 4 M  
 Sid  
 Ph  
 Sid  
 S  
 ID





**Part B: Business Background of Applicant**

2) Year of Establishment:

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

Yes  / No

4) Are you a Distributor of any other company dealing in Field Crops\*: Yes  / No

5) 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 |
|--------------|------------------------------------|-----------------------------|--------------------------------|
|              |                                    |                             |                                |
|              |                                    |                             |                                |
|              |                                    |                             |                                |
|              |                                    |                             |                                |

Are you a Distributor of any other company dealing in Vegetables\*: Yes  / No

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 |
|--------------|------------------------------------|-----------------------------|--------------------------------|
|              |                                    |                             |                                |
|              |                                    |                             |                                |
|              |                                    |                             |                                |
|              |                                    |                             |                                |

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.<br>2.<br>3.        |
|                            |   |   | 1.<br>2.<br>3.        |
|                            |   |   | 1.<br>2.<br>3.        |

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 Syngenta, Indofil, UPL, Adama

Others  (specify) \_\_\_\_\_

Are you involved in any other businesses **NOT** related to agriculture\*? Yes  / No

If yes, please share broad overview of the nature of business

\_\_\_\_\_

\_\_\_\_\_

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

## APPLICATION FOR DISTRIBUTORSHIP

### Part A: Basic Information of Applicant

- 1) Name of the Organization\* SIDDHESWAR SARKAR
- 2) Full Postal Address for correspondence:  
Type of Location: Office  Shop  Godown  Residence   
Street Name VILL - BAHARWARA  
PO AMLAGORA District PASCHIM MEDINIPUR  
State WEST BENGAL PIN Code 721121
- 3) Nature of the Entity\*: Sole Proprietorship  Partnership  Private Limited Co.   
Cooperatives Society  Others  (Specify) \_\_\_\_\_
- 4) Name of Representative\*: Proprietor  / Managing Partner  / Director  / Authorised Signatory   
SIDDHESWAR SARKAR
- 5) Telephone No:  
Office /Shop Landline: (STD Code) \_\_\_\_\_  
Residence Landline: (STD Code) \_\_\_\_\_  
Mobile\*: +91 9641609324 WhatsApp Mobile: +91 9632376601  
Email ID\*: SARKARBABU7@gmail.com
- 6) Preferred mode of communication: Email  SMS  Whatsapp
- 7) Income Tax Permanent Account No\*: CLRPS1404A
- 8) Is the applicant registered under GST\*: Yes  / No
- 9) If yes, is the applicant registered under Composite Scheme of GST:  Yes  No
- 10) GST No 19CLRPS1404A1Z6
- 11) Seeds Licence No\* MED/SLM-04GARA-1-2018  
Valid Up to\* 21/06/2021 Issued By \_\_\_\_\_

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

Affix photograph\*



Name\* SIDDHESWAR SARKAR

Gender\*: Male  Female

Relationship with applicant\*: Owner  Partner  Director  Others

Signature\*

Siddheswar Sarkar

Date 18/05/20