

For Internal Use

Checklist for Sales Team Member Opening Distributorship

| Particulars | Yes | No |
|--|-----|----|
| Distributorship Form | | |
| 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 6 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 | W | |
| Signed and stamped | W | |
| Signed copy of Address Proof (Aadhaar Card/ Passport) | | |
| Name on address proof tallies with ID Proof | W | |
| Address on address proof tallies with PAN / License | W | |
| Signed and stamped | W | |
| Signed copy of PAN | | |
| Name on PAN tallies with ID proof | W | |
| Signed and stamped | W | |
| 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: | |
| Name of Company Official | Signature of Company Official |
| | |

Part D: Financial Information of Applicant

28) Primary Bank Account of Business*

Name of the Bank

CLAMARA BANK

Name & address of Branch

MANDAL PRLPT

IFSC Code of Branch

CNRB0005769

Type of Account: Savings/Current

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)

/ RTGS

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

33) If Yes, approx. size

Address:

34) Number of staff employed by the applicant 2

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 | <ol style="list-style-type: none"> Signed copy of ID Proof (Aadhaar Card/ Passport/ Driving License) Signed copy of Address Proof (Aadhaar Card/ Passport) Signed copy of PAN Signed copy of GST Certificate (if applicable) Signed copy of Seed License Statement of primary bank account(s) of business evidencing debit and credit transactions, for the last 3 months |
| Additional documents for Partnership Firm | <ol style="list-style-type: none"> Signed copy of registered partnership deed Authorization from all partners allowing representative to act and sign on behalf of the firm |
| Additional documents for Private Limited Company | <ol style="list-style-type: none"> Signed copy of Memorandum and Articles of Association 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 Tr

below are our general terms and conditions...
 the company will designate an Area of...
 Distributor is required to restrict his...
 beyond the area designated. No...
 prior discussion with the respo...
 The company will appoint...
 the Distributor. While the Di...
 area. Further, for...
 customercare, for...
 3. In addition to...
 the area of...
 team...
 4. T...

Part C: Market Intelligence & Sales Plan

1) 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 <i>Shua</i> | 15000 | 20000 |
| Field Crop | | |
| Field Crop | | |
| Field Crop | | |
| Vegetable | | |
| Vegetable | | |
| Vegetable | | |

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

SANTOLA

26) Name your preferred Transporter / Courier*

DTDE

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

Part B: Business Background of Applicant

16) Year of Establishment: [] [] [] [] [] []
 17) Number of people for which you are dealing in fruits: [] [] [] [] [] []
 18) Have you a distributor of any other company dealing in fruit crops? Yes / No

19) 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 |
|--------------|------------------------------------|-----------------------------|--------------------------------|
| CV / H / G | 5 Yrs. | Peach | 1,00,000 |
| | | | |
| | | | |
| | | | |

20) Are you a distributor of any other company dealing in Vegetables? Yes / No

21) 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 |
|--------------|------------------------------------|-----------------------------|--------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

22) 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. |

23) 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) _____

24) Are you involved in any other businesses NOT related to agriculture? Yes / No

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

