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Signature of representative added on Page 1
Photograph of representative affixed on Page 1
Signature of representative added on Page 2

Supporting Documents

1) 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

Signed By: _____
Signature of Company Official

Part D: Financial Information of Applicant

Primary Bank Account of Business*:

Name of the Bank

INDIAN BANK

Name & address of Branch

KRISHNANAGAR (MIDNAPUR)

IFSC Code of Branch

50516101268

Type of Account: Savings/Current/OT

Account No

50516101268

Does the applicant have CC/OD facility from any bank*? Yes / No

If Yes, Name of Bank

CC/OD Limit (Approx. in Rs lakhs)

Security Deposit* of Rs.

paid through Cheque No. / RTGS

Is the Official 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 / Both

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

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

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

Customer Care

Mob No: 8336929400

Email: customercare_uacisandb@universalagr

are primarily cultivated in this area?

Paddy		
Key Variety	Companies Offering Them	Approx. Volume (in M)

Wheat		
Type	Key Variety	Companies Offering Them

Mustard		
Type	Key Variety	Companies Offering Them

Maize		
Type	Key Variety	Companies Offering Them

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

Crops	Key Variety	Key Brands	Approx. Volume

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)*?

Madpur, ...

Name your preferred Transporter / Courier*

TREENOYANE LOORY TRANSPORTER

Please share if you have any suggestions to improve business

Better Quality Vegetable Product

Part B: Business Background of Applicant

Year of Establishment:

Number of years for which you are dealing in Seeds:

Are you a Distributor of any other company dealing in Field Crops*: 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

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	Approx 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 Retailer
			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 JV Agni Sciences 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

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

APPLICATION FOR DISTRIBUTORSHIP

Part A: Basic Information of Applicant

- 1) Name of the Organization: M/s SOMNATH SHEE
- 2) Full Postal Address for correspondence:
Type of Location: Office Shop Godown Residence
Street Name: VILL-KANCHANTALA
P.O. MADPUR District PASCHIM MEDINAPUR
State WEST BENGAL PIN Code 721114
- 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
SOMNATH SHEE
- 5) Telephone No:
Office /Shop Landline: (STD Code) _____
Residence Landline: (STD Code) _____
Mobile*: +91 8609358068 WhatsApp Mobile: +91 8609358068
Email ID*: _____
- 6) Preferred mode of communication: Email SMS Whatsapp
- 7) Income Tax Permanent Account No*: FMLPS1378R
- 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 19FMLPS1378R12R
- 11) Seeds Licence No* 803928
Valid Up to* ____/____/____ Issued By _____

Signature and Photograph of Person Authorized to Represent the Applicant

Affix photograph*



Name* SOMNATH SHEE

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Signature*

Somnath Shee

Date: 28/10/20