



UNIVERSAL AGRO CHEMICAL INDUSTRIES

16 No., India Exchange Place, 3rd Floor, Room No. 6,
Kolkata - 700001, West Bengal, India

Website: www.universalagri.net

APPLICATION FOR DISTRIBUTORSHIP

PART A: Basic Information of Applicant

1) Name of the Organization* **ANNADATA KRISHI KENDRA**

2) Full Postal Address for correspondence*:

Type of Location: Office Shop Godown Residence

Street Name **389/2 KUMBI COMPLEX, NEAR PADAGATTI
LAXMESHWAR**

District **GADAG**

State **KARNATAKA** PIN Code **582116**

Nature of the Entity*: Sole Proprietorship Partnership Private Limited Co.
Cooperative/ Society Others (Specify) _____

3) Name of Representative*: Proprietor / Managing Partner / Director / Authorised Signatory

BASAVARAJ

Telephone No:

Office / Shop Landline: (STD Code)

Residence Landline: (STD Code)

Mobile*: +91 **9964625900** WhatsApp Mobile: +91 **7406998583**

Email ID*: **basavarajkumbi193@gmail.com**

Preferred mode of communication: Email Ph. Whatsapp

Income Tax Permanent Account No*: **AAZFA16494**

Is the applicant registered under GST*: Yes No

Is the applicant registered under Composite Scheme of GST: Yes / No

GST No **29AAZFA1649LIZM**

Goods and Services Tax No* **JDAGAPLPE1920003K** Valid Up to*

State

Registration License No* Valid Up to*

State

Signature and Photograph of Person Authorized to Represent the Applicant

Name* **BASAVARAJ VEERAPPA KUMBI**

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others



years for which you are dealing in Pesticides / Micronutrients:

Are you a Distributor of any other company dealing in Pesticides*: 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
Adama India Ltd.	5	all products	20.
Heramba Industry Ltd	10,	all products	5.
HPM Chemical Fertilizer	4.	all products	15
U.P.L.	10.		25

17) Are you a Distributor of any other company dealing in Micronutrients*: Yes / No

18) 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

19) 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.

20) 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 _____

Seeds as Distributor of _____

Others (specify) _____

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

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

23) What are the main Crops that are cultivated in this area?

Type	Crop	Approx. Area	Approx. Volume
Field Crops			
Field Crops			
Field Crops			
Vegetables			
Vegetables			
Vegetables			
Others			
Others			
Others			

24) Which are the key Herbicides sold in this area?

Molecules	Crops	Key Brands	Approx. Volume

25) Which are the key Fungicides sold in this area?

Molecules	Crops	Key Brands	Approx. Volume

26) Which are the key Pesticides sold in this area?

Molecules	Crops	Key Brands	Approx. Volume

27) Which are the key Micronutrients/ Crop supplements sold in this area?

Products	Crops	Key Brands	Approx. Volume

28) What is your sales plan for our products in the near future*?

	Name of the Product	Quantity	
		Year 1	Year 2
Herbicides			
Herbicides			
Fungicides			
Fungicides			
Pesticides			
Pesticides			
Micronutrients			
Micronutrients			

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

*In Time supply & competitive price & coming
New product & Good Refreshion*

Bank

STATE BANK OF INDIA

Address of Branch

BAZAR ROAD KUMBI COMPLEX

IFSC Code of Branch

SBIIN0041000

Account No

64139545566

Type of Account: Savings/Current/OD

31) 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)

32) Security Deposit* of Rs. 10000 paid through Cheque No. 532953 / RTGS

33) Is the Office/ Shop used by the Distributor, owned by the Distributor*? Yes / No

If Yes, approx. size

Address:

34) Is the Godown used by the Distributor, owned by the Distributor*? Yes / No

35) If Yes, approx. size

Address:

36) Number of staff employed by the applicant 2

37) Does the applicant own any 2-wheeler? Yes / No

If Yes, Number of such vehicles

used for Business

/ Personal

/ Both

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

If Yes, Number of such vehicles

used for Business

/ Personal

/ Both

39) 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 Pesticide License Signed copy of Micronutrient 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

Email ID: uaci.nap2@amall.com / customer.care@universalagri.in

...for paying through cheque must ensure that the cheque issued by him is honored by the bank on whom the cheque is drawn. Dishonors the cheque for reasons related to "Insufficient Funds" the company will levy a cheque Dishonor charge on the Distributor without prejudicing its right to seek recovery for such dishonor

- The company will provide a standard credit period of 90 days from the date of the invoice. The company may offer Cash Discounts for paying dues within 90 days, the details of which are usually provided in the Price List or Schedule applicable for the period. Dues remaining unpaid above 180 days will be considered as Overdue. The company may levy interest on Overdue payments
17. The company will not accept any Sales Return unless the material supplied were damaged in transit. For returning such damaged materials, the company follows a Sales Return Policy. The Distributor is required to follow the terms of this policy for matters relating to sales return and obtain prior approval from the responsible SO before dispatching material. The company will not provide any credit for material returned in violation to its Sales Return policy
 18. The Distributor is required not to enter into any financial transactions with any member of the sales team, either in the form of material or funds. All such transactions will be considered as personal and unsanctioned and the company will not be liable for the outcome of such transactions
 19. The Distributor will not handover any material to any member of the sales team without specific written instruction issued by the Head Office of the company
 20. The Distributor is required to maintain the integrity of the packaging in which the products are supplied by the company at all times and is required not to tamper with the packets, designs, logos and trademarks of the company in any way. Any unauthorized use of the company's designs, logos and trademarks will be counted as an infringement of the intellectual property rights of the company
 21. The Distributor is required to comply with all requirements of GST as applicable to him, related to periodic Returns, Credit Notes and others with respect to its transactions with the company. Further, the Distributor may be required 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 on his registered email or through any other preferred mode of communication. However, the Distributor can ask for his updated account statement at any time by sending email at customer.care@universalagri.in or by calling the Customer Care Helpline at +91 8336929010
 23. The company will share with the Distributor, a Confirmation of Accounts at the end of each financial year either on his registered email or through any other preferred modes of communication. The Distributor is required to review the account statement and reconcile the balance on the statement with the balance in his books of accounts. Upon 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, Basavaraj Kumbho acting on behalf of Raswanji V. Kumbho
 (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

Basavaraj Kumbho
 (Signature of Representative of Distributor*)

B. V. K.
 M/s. ANNADAPA KRISHI KENDRA
 Kumb Complex Padagatti
 LAXMESHWAR - 582116

Date:
 Place:

Name of Company Official	Signature of Company Official
UMESH . SC	US <u>[Signature]</u>

Sales Team Member Opening Distributorship

Yes No

Checklist

Distributorship Form

4 Mandatory fields on Page 1 filled up

4 Mandatory fields on Page 2 filled up

2 Mandatory fields on Page 3 filled up

6 Mandatory fields on Page 4 filled up

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 6

Supporting Documents

ID Proof (Aadhaar Card/ Passport/ Driving License)

Name on ID proof tallies with PAN

Signed and stamped

Yes

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

Yes

Signed copy of GST Certificate (if applicable)

Name on Certificate tallies with ID Proof

Signed and stamped

Yes

Signed copy of Pesticide 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

Yes

Signed copy of Pesticide 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

Yes

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

Yes

Blank Cheques

3 cheques

Not of any cooperative banks

Contains valid signature of representative and stamp

Contains no date

Is not crossed

Yes

Security Deposit has been collected

Existing Distributor of UACI Seeds & Biotech/ Swarna Seeds

Effect on Existing Network

Name of the nearest distributors (can be more than 1):

Distance from the nearest distributors:

Proposed Business Volume for this FY (In Rs Lakhs)

Credit Limit Required (in Rs Lakhs)

10L
5L

Approved By: (all forms have to be approved by respective GICs)

Name of Company Official

P. Kumar

Signature of Company Official

[Signature]