

APPLICATION FOR DISTRIBUTION

PART A: Basic Information of Applicant

1) Name of the Organization*

KALYANMOYI GUPTA

2) Full Postal Address for correspondence:

Type of Location: Office Shop Godown Residence

Street Name: Kalyanmoyi Guptaroad

VALID FOR THREE MONTHS ONLY

DDMMYYYY



Branch: PANCHGRAM
HATTALA, MURSHIDABAD, WEST BENGAL - 742184
IFS CODE: IDIB000P550

PAY Universal Agro Chemical Industries

या धारक को OR BEARER

RUPEES रुपये

अदा करें

₹

खा.सं. A/c No. OCC 50019921576

CBS Code: 6318

MD JAKIR HOSSAIN

MD JAKIR HOSSAIN

Please sign above

992000001

Payable At Par At All Our Branches

500364 7420190190 921576 30



Branch: PANCHGRAM
HATTALA, MURSHIDABAD, WEST BENGAL - 742184
IFS CODE: IDIB000P550

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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

- Name of the Organization* M/S MD JAKIR HOSSAIN
- Full Postal Address for correspondence*:
Type of Location: Office Shop Godown Residence
Street Name PANCHAGRAM
P.O. PANCHAGRAM District MURSHIDABAD
State PIN Code
- Nature of the Entity*: Sole Proprietorship Partnership Private Limited Co.
Cooperative/ Society Others (Specify) _____
- Name of Representative*: Proprietor / Managing Partner / Director / Authorised Signatory
M/S MD JAKIR HOSSAIN
- Telephone No:
Office /Shop Landline: (STD Code)
Residence Landline: (STD Code)
Mobile*: +91 9733583001 WhatsApp Mobile: +91 9733583001
Email ID*: hosseinmdsajir7342@gmail.com
- Preferred mode of communication: Email Ph. Whatsapp
- Income Tax Permanent Account No*: ACAPH9347P
- Is the applicant registered under GST*: Yes / No
- If yes, is the applicant registered under Composite Scheme of GST: Yes / No
- GST No 19ACAPH9347P2ZX
- Pesticide Licence No* P11524 Digital 3424 Valid Up to* / / LIFETIME
Issued By
- Micronutrient Licence No* F21409 Valid Up to* 13 / 01 / 2025
Issued By

Signature and Photograph of Person Authorized to Represent the Applicant



Name* M/S MD JAKIR HOSSAIN

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Md. Jamir Hossain

Signature*

Date: 26 / 08 / 2024

PART B: BUSINESS BACKGROUND OF APPLICANT

13) Year of Establishment: 1986

14) Number of years for which you are dealing in Pesticides / Micronutrients: 2008

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

16) 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
<u>Smith & Smith</u>	<u>5 years</u>	<u>Acephale 75% SE Carbap 4% GR Cypermethrin + Chlorpyrifos Emamectin Benzate</u>	<u>40 Lakhs</u>

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
<u>Panchgram</u>	<u>1 Crore</u>	<u>35</u>	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 IFFCO

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

Shaktikosh Shop

PART C: MARKET INTELLIGENCE & SALES PLAN

22) For which area do you seek our Distributorship (Area of Operation)?

Panchgram, Nabagram

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

Type	Crop	Approx. Area	Approx. Volume
Field Crops	Paddey	1500 Pors.	
Field Crops			
Field Crops			
Vegetables	Mustard	1000 Sq. Yd.	
Vegetables			
Others			
Others			

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

Molecules	Crops	Key Brands	Approx. Volume
Cyfluthrin	Paddey	all	10 Laks
Profluthrin		M.M.C.	5 Laks
Permethrin			10 Laks

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

Molecules	Crops	Key Brands	Approx. Volume
Voloxamine	Paddey	all m.m.c.	5 Laks
Hexaconazole			8 Laks
Metalaxyl + Mancozeb	Mustard	all m.m.c.	2 Laks

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

Molecules	Crops	Key Brands	Approx. Volume
Cypermethrin + Chlorpyrifos	Paddey	Hornbe	10 Laks
Carbaryl 45		Kitap 2.5l	10 Laks

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
DAWN + SANGEE	7500 Lt	1000 Lt
Allyphosphate	1000 Lt	2000 Lt
Hexa plus	500 Lt	1000 Lt
Stark 500+	500 Lt	800 Lt
Desperdo	500 Lt	1000 Lt
Devil	200 Lt	500 Lt

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

Temistad, Name: - Seuri Panchgram, Manshidabal

PART F: GENERAL TERMS & CONDITIONS OF BUSINESS

Listed below are our general terms and conditions of conducting business

1. The company will designate an Area of Operation for the Distributor at the time of initiating the distributorship. The Distributor is required to restrict his operations to his designated Area of Operation only and should not venture beyond the area designated. However, subsequently, the Distributor can alter his Area of Operation but only after prior discussion with the responsible company official
2. The company will appoint a Sales Officer (SO) to serve the Area of Operation designated to the Distributor. While the SO will be first point of contact for the Distributor and should be able to resolve all queries of the Distributor, the Distributor can at any point contact the senior sales officials of the company responsible for this area. Further, for any queries the Distributor can contact the Head Office of the company by sending email at **customer.care@universalagri.in** or by calling the Customer Care Helpline at **+91 8336929010**
3. In addition to the SO, the company may appoint one or more permanent/ temporary sales team members to serve the area as it deems fit. The sales team members will primarily focus on conducting sales promotional activities in the area and engaging with existing or potential customers. The Distributor will be required to support the local sales team by guiding their sales promotional activities
4. The Distributor can place his orders with the respective SO either verbally or in writing or through any documented communication. A confirmation of the material ordered by the Distributor will be shared with him on his registered mobile via SMS/ Whatsapp at the time the order is entered into the company's CRM solution. In case of any issues, the Distributor is required to contact the SO urgently after receiving the intimation
5. The company will deliver material only against confirmed orders placed by the Distributor with the SO. In case the Distributor ever receives any material not ordered by him, either in terms of quantity, packing sizes, or products, the Distributor is required to inform the company about the discrepancy, within 48 hours of receiving the material by sending email at **customer.care@universalagri.in**. In the absence of any such emails or other documented communications, it will be assumed that the material received was as per orders placed
6. The company may deliver material at the location specified by the Distributor through 3rd party transporters either in full or part load. At the point of receiving the material from the transporter, the Distributor will be required to physically inspect the material and check the quantity, weight and condition of material supplied
7. The company will only dispatch material which are in saleable & good condition. So, if any damaged material is ever received by the Distributor, it is likely that the goods got damaged in transit. In such a situation, the Distributor should not accept the material and should urgently inform the respective SO of the company about the damage. If the Distributor accepts the material from the transporter, it should be only under express instruction of the respective SO. Further, the Distributor is required to send email at **customer.care@universalagri.in** on this incident within 48 hours of receiving the material. In the absence of any such emails or other documented communications, it will be assumed that the material received was not damaged in anyway
8. The Distributor may be required to pay to the transporter the freight charges at the point of accepting delivery only after inspection of material. The Distributor may be reimbursed for the freight paid either in part of full either by way of deduction from the bill or through a Credit Note
9. If the Distributor reports to have received any material not ordered by him or any material damaged in transit, and the same is verified by the responsible company official, the company may take back the material in question and may make the appropriate adjustments in its books of accounts
10. The company will send a hardcopy of the invoice along with the material. On receipt of the invoice, Distributor is required to reconcile the quantity, packing size and product mentioned on the invoice with the material received. In case of any discrepancy, the Distributor is required to inform the company about the issue within 48 hours of receiving the material by sending email at **customer.care@universalagri.in**. In the absence of any such emails or other documented communications, it will be assumed that the material received is as per invoice
11. The company will issue an official Price List of its products covering the area of operation of the Distributor at the beginning of each season. However, the company may revise the Price List from time to time. The Distributor is required to obtain a copy of this Price List or revisions made thereafter either from the respective SO or by sending an email at **customer.care@universalagri.in**. The company will invoice its products only at the prices mentioned on the Price List. The Distributor should not expect any prices other than those mentioned on the Price List unless there is a documented communication of the same issued by the Head Office of the company.
12. The company may from time to time, issue benefit schemes covering the Distributor's area of operation. These benefits are typically linked to prompt payments and bulk sale volumes. The Distributor is required to obtain copies of these schemes from the respective SO or by sending email at **customer.care@universalagri.in**. The company will provide these benefits only by following the specific terms and conditions mentioned in the scheme. The Distributor should not expect any benefits other than those mentioned on the scheme unless there is a documented communication of the same issued by the Head Office of the company.
13. The company will only sanction the prices and benefits/ schemes mentioned on documented official communications issued by the Head Office of the company. The company will be under no obligation to accept any claims by the Distributor on prices or benefits/ schemes not mentioned on any official communications issued by the Head Office of the company for the Distributor's area of operation. If the local sales representatives commit any special prices or benefits/ schemes, the Distributor is required to obtain an official communication of the same issued by the Head Office of the company before acting on the basis of such commitments
14. The company will accept payment only through Fund Transfers (RTGS/ NEFT/ IMPS) or crossed cheques drawn on any banks other than cooperative banks. The company will not accept any payments in cash. However, if in any special circumstances, the company agrees to accept payment in cash, the Distributor is required to obtain a Money Receipt of the company for such payments from the company official accepting this payment

PART D: FINANCIAL INFORMATION OF APPLICANT

30) Primary Bank Account of Business*:

Name of the Bank: INDIAN BANK
 Name & address of Branch: PANACHEBHAM, MATTAZANIKSRI DOBBD
WASABAGHIL 7192184
 IFSC Code of Branch: 100000550
 Account No: 004326324 Type of Account: Savings/Current/OD

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

If Yes, Name of Bank: INDIAN BANK
 Name & address of Branch: PANACHEBHAM, MATTAZANIKSRI DOBBD
WASABAGHIL 7192184

32) Security Deposit* of Rs. 300000 paid through Cheque No. 60353 / RTGS

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

If Yes, approx. size 300 sq. mtrs. Address: PANACHEBHAM, MUKSRI DOBBD

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

35) If Yes, approx. size 160 sq. mtrs. Address: PANACHEBHAM, MUKSRI DOBBD

36) Number of staff employed by the applicant 5

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	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 Pesticide License
	6. Signed copy of Micronutrient License
	7. Statement of primary bank account(s) of business evidencing debit and credit transactions, for the last 3 months
Additional documents for Partnership Firm	8. Signed copy of registered partnership deed
	9. 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

Customer Care

Email ID: uaci.ngp2@gmail.com / customer.care@universaagri.in

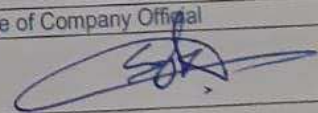
Mobile No: +91 7410040857 / 8336929010

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	2 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 6	✓	
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 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	✓	
	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	✓	
	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	✓	
	Existing Distributor of UACI Seeds & Biotech/ Swarna Seeds		✓
	Effect on Existing Network		✓
	Name of the nearest distributors (can be more than 1):	Nitni Kumarr Sehra	
	Distance from the nearest distributors:	22-23 Km	

Proposed Business Volume for this FY (in Rs Lakhs)	20 Laks -
Credit Limit Required (in Rs Lakhs)	5 Laks -

Approved By: (all forms have to be approved by respective GICs)	
Name of Company Official	Signature of Company Official
Sukhen Pramanik	

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", then the company will levy a cheque Dishonor charge on the Distributor without prejudicing its right to seek legal recourse for such dishonor
16. 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 Schemes 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, Md. Jakir Hossain acting on behalf of Md. Jakir Hossain
 (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

**M/S.MD.JAKIR HOSSAIN
 PANCHGRAM MURSHIDABAD**

Md. Jakir Hossain
 (Signature of Representative of Distributor*)

 (Stamp of Distributor*)

Date:
 Place:

Name of Company Official	Signature of Company Official
<u>Sukhen Pramanik</u>	

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

MD JAKIR HOSSAIN

MOHAMMAD ZAMIRUDDIN SHEIK

14/01/1974

Permanent Account Number

ACAPH9347P

Md. Jakir Hossain
Signature

In case this card is lost / found, kindly inform / return to
Income Tax PAN Services Unit, IT/PSI
Plot No. 3, Sector 11, CBD Relapur,
Navi Mumbai - 400 614.

इस कार्ड के खोने/पानेप्रा कृपया सूचित करें/सौंपें।
आयकर पैन सेवा यूनिट, मुदीआर टीएसयू
प्लॉट नं: ३, सेक्टर ११, सीडी, रीलपुर,
नवी मुंबई-४०० ६१४.

Md. Jakir Hossain

M/S.MD.JAKIR HOSSAIN
PANCHGRAM * MURSHIDABAD



भारत सरकार



आधार

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrollment No : 2734/49510/00159

To
MD. JAKIR HOSSAIN

C/O. Jaminuddin Sakh,
Panchgram Hatpara,
VTC, Panchgram, PO, Panchgram,
Sub-District, Nalbargram, District, Murshidabad,
State, West Bengal, Pin Code, 742184,
Mobile: 9735883001

59447998



KF554479989F1



आपका आधार क्रमांक / Your Aadhaar No. :

5337 3582 0572

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



आधार



Issue Date: 28/01/2013

MD. JAKIR HOSSAIN
DOB: 14/01/1974
Male

5337 3582 0572

मेरा आधार, मेरी पहचान

MD. JAKIR HOSSAIN

MD. JAKIR HOSSAIN



Government of India
Form GST REG-06
[See Rule 10(1)]

Registration Certificate

Registration Number : 19ACAPH9347P2ZX

1.	Legal Name	MOHAMMAD JAKIR HOSSAIN			
2.	Trade Name, if any	M/S JAKIR HOSSAIN			
3.	Constitution of Business	Proprietorship			
4.	Address of Principal Place of Business	0, PANCHGRAM, PANCHGRAM, MURSHIDABAD, Murshidabad, West Bengal, 742184			
5.	Date of Liability				
6.	Period of Validity	From	12/06/2018	To	NA
7.	Type of Registration	Regular			
8.	Particulars of Approving Authority				
Signature		Validity unknown Digitally signed by  GOODS AND SERVICES TAX NETWORK 1 Date: 2018.06.12 00:16:54 IST			
Name					
Designation					
Jurisdictional Office					
9.	Date of issue of Certificate	12/06/2018			
Note: The registration certificate is required to be prominently displayed at all places of business in the State.					

This is a system generated digitally signed Registration Certificate issued based on the deemed approval of application on 12/06/2018 .



FORM III

Govt. of West Bengal
Dept of Agriculture

office of the DDA (Admin) Murshidabad

LICENCE TO SELL, STOCK OR EXHIBIT FOR SALE OR DISTRIBUTE INSECTICIDES
[See sub-rules (4) of rule 10]

1. License Number P11524 Digitized License for 3424
License to Sell,stock/exhibit for sale/distribution of insecticides for District : Murshidabad
in the premises situated at Annexure - A

is granted to -

M/s MD. JAKIR HOSSIN

Shop Address :

Jl no : 23 , Dag no : 4739,4740 , Khatian no : 10476 , Road : PANCHGRAM , Mouza :
Panchgram , Block : NABAGRAM , Subdivision :Lalbag , District :Murshidabad , State
:West Bengal

Email : hossainmdjakir342@gmail.com

Mobile no : 9733583001

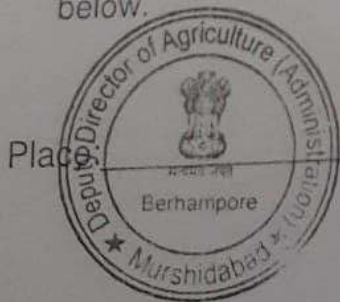
as specified here under:— Annexure - B

2. The insecticide(s) shall be Sell,stock/exhibit for sale/distribution of insecticides under
the direction and supervision of the following expert staff:

(a) For Sell,stock/exhibit for sale/distribution of insecticides :
JUI SABNAM (Graduate with degree in Science with Chemistry/Zoology/Botany)

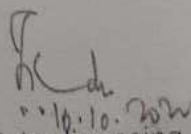
3. The licence is subject to such conditions as may be specified in the rules for the time being
in force under the Insecticides

Act, 1968 as well as the conditions on the certificate of registration and others as stated
below.



Place:

Dated : _____


10.10.2020
(Signature of the licensing officer)

Deputy Director of Agriculture (Admin)
Murshidabad



FORM 'A 2'
ACKNOWLEDGEMENT

[See Clause 8(3)]

Name of the concern: M/S MD JAKIR HOSSAIN
Letter of Authorization No. F21409
Date of Issue: 14/01/2020

Valid Upto: 13/01/2025

Received from M/s M/S MD JAKIR HOSSAIN a complete Memorandum of Intimation alongwith Form O, fee of Rs. 2250 by Challan bearing number 11 dated 28/06/2019, as LOA for Wholesale Dealer for Subdivision : Lalbag.

2. This acknowledgement shall be deemed to be the letter of authorisation entitling the applicant to carry on the business as applied for, for a period of 5 years from the date of issue of this Memo of Acknowledgement unless suspended or revoked by the competent authority.

Annexure - A

Shop Details :

Village : PANCHGRAM HATMORE, Dag no : 4739, 4740, Khatian no : 10476, Road : PANCHGRAM HATTALA ROAD, Mouza : Panchgram, Block : NABAGRAM, Subdivision : Lalbag, District : Murshidabad, State : West Bengal

Storage details

(1) Village : PANCHGRAM HATMORE, Dag no : 4739, 4740, Khatian no : 10476, Road : PANCHGRAM HATTALA ROAD, Mouza : Panchgram, Block : NABAGRAM, Subdivision : Lalbag, District : Murshidabad, State : West Bengal

Annexure - B ('O' Form details)

Sl.	Company Name	Form number	Valid Upto	Fertilisers
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Place: Lalbagh Dated: 14.01.2020

(Signature of Notified Authority)

Assistant Director of
Agriculture (Admin)
Lalbagh, Murshidabad

LALBAGH
WEST BENGAL



STATEMENT OF ACCOUNT

INDIAN BANK
PANCHGRAM BRANCH
HATTALA
MURSHIDABAD
WEST BENGAL
742184

Branch Code: 6318 Phone No:
IFSC:

Account No. : 50019921576
Product : MICRO-SMALL-ENT-OCC-REPO
Currency : INR

MD JAKIR
HATMORE PANCHGRAM
UTTARMORE
PO PANCHGRAM Panchgram 742184

Statement From 01/05/2022 to 19/08/2022 Date : 19/08/2022 Time : 13:23:09

E-mail :

Cleared Balance : 48,69,209.10Dr
Limit : 50,00,000.00

Nominee name :

Uncleared Amount : 0.00
Drawing Power : 50,00,000.00

Page No. : 1

Int. Rate : 10.45 % p.a.

Post Dt	Val Dt	Details	Chq.No.	Debit	Credit	Balance
BROUGHT FORWARD						
01/05/22	01/05/22	DIRECT DR TO 07114708414 ND JAKIR HOSSAIN		5,600.00		48,04,346.60Dr 48,09,946.60Dr
02/05/22	02/05/22	BY CASH DEPOSIT Deposit by SELF CASH DEP/PANCHGRAM			2,00,000.00	46,09,946.60Dr
03/05/22	03/05/22	BY VOUCHER TFR MOBILE TRANSFER/NA CORE BAN KING DAT FRM 07119553270 S B ENTERPRISE			2,00,000.00	44,09,946.60Dr
02/05/22	02/05/22	RENT THRU CHQ MS GOURI SANKAR /IDIBH22122421082/NEFT TRANSFEEER BANK- BARB	331312	1,00,006.00		45,09,952.60Dr
02/05/22	02/05/22	RENT THRU CHQ SHREE BALAJI TRA/IDIBH22122421187/NEFT TRANSFEEER BANK- UTIB	331314	1,55,176.00		46,65,128.60Dr
02/05/22	02/05/22	RENT THRU CHQ RTGS/UTIH	331313	2,00,029.00		48,65,157.60Dr
04/05/22	04/05/22	PAWAN DHARIWAL /IDIBR52022050228242098 BY CASH DEPOSIT Deposit by SELF CASH DEP/PANCHGRAM			2,00,000.00	46,65,157.60Dr
04/05/22	04/05/22	RENT THRU CHQ RTGS/HDFC ALL INDIA FOOD S/IDIBR52022050428261746	331315	2,09,229.00		48,74,386.60Dr
05/05/22	05/05/22	BY VOUCHER TFR MOBILE TRANSFER/NA CORE BAN KING DAT FRM 07119553270 S B ENTERPRISE			2,00,000.00	46,74,386.60Dr
05/05/22	05/05/22	BY VOUCHER TFR UPI TRANSFER/212528055558/Payment from PhoneP ATM SERV ICE BRAN FRM 97216063182			1.00	46,74,385.60Dr
05/05/22	05/05/22	BY VOUCHER TFR UPI TRANSFER/212557702148/Payment from PhoneP ATM SERV ICE BRAN FRM 97216063182			10,000.00	46,64,385.60Dr
06/05/22	06/05/22	BY CASH DEPOSIT			2,00,000.00	44,64,385.60Dr
CARRIED FORWARD :						44,64,385.60Dr

Statement Summary Dr. Count 5 Cr. Count 7 6,70,040.00 10,10,001.00

In Case Your Account Is Operated By A Letter Of Authority/Power Of Attorney Holder, Please Check The Transaction With Extra Care.

Md. Jakir Hossain

**M/S.MD.JAKIR HOSSAIN
PANCHGRAM *MURSHIDABAD**

☎ ০৩৪৮৩-২৭২০৫৩ মোবাইল : ৯৭৩৩৫৮৩০০১

এস, বি, এন্টারপ্রাইজ

প্রো:- ~~জাকির হোসেন~~

পাঁচগ্রাম ✪ মুর্শিদাবাদ

তারিখ.....

md jakir Hossain

M/S.MD.JAKIR HOSSAIN
PANCHGRAM * MURSHIDABAD