



### 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\* **SRI VENKATESHWARA AGRO SEEDS**  
**SIDIGINAMOLA BELLARY TQ BELLARY DIST**
- Full Postal Address for correspondence\*  
Type of Location: Office  Shop  Godown  Residence   
Street Name **SRI VENKATESHWARA AGRO SEEDS**  
**SIDIGINAMOLA BELLARY TALUK**  
P.O **SIDIGINAMOLA** District **BELLARY**  
State **KARNATAKA** PIN Code **583111**
- Nature of the Entity\*: Sole Proprietorship  Partnership  Private Limited Co.   
Cooperative/ Society  Others  (Specify) \_\_\_\_\_
- Name of Representative\*: Proprietor  / Managing Partner  / Director  / Authorised Signatory   
**B VEERASENA REDDY**
- Telephone No:  
Office /Shop Landline: (STD Code)          
Residence Landline: (STD Code)          
Mobile\*: +91 **9241668018** WhatsApp Mobile: +91 **9499490875** ✓  
Email ID\*: **veerasabemab1976@gmail.com**
- Preferred mode of communication: Email  Ph.  Whatsapp
- Income Tax Permanent Account No\*: **AGOPV7181K**
- Is the applicant registered under GST\*: Yes  / No
- If yes, is the applicant registered under Composite Scheme of GST : Yes  / No
- GST No **29AGOPV7181K1ZB**
- Pesticide Licence No\* **PE192081529** Valid Up to\* **10/08/2021**  
Issued By **JDA/BL/PL/PE192081529/2021+2022**
- Micronutrient Licence No\*  Valid Up to\* **10/08/2023**  
Issued By


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



Name\* **B VEERASENA REDDY**

Gender\*: Male  Female

Relationship with applicant\*: Owner  Partner  Director  Others

  
Signature\*

Date: **24/08/2024**

**PART B: BUSINESS BACKGROUND OF APPLICANT**

- 13) Year of Establishment: 2012
- 14) Number of years for which you are dealing in Pesticides / Micronutrients: 2017
- 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
T. Slames	12		10 LK
Adama	8		10 LK
Ram Seeds	6		8 LK

- 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
Ram Seeds	6		5 LK
T. Slames	8		5 LK

- 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
Sidigimela			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
- \_\_\_\_\_
- \_\_\_\_\_

**PART C: MARKET INTELLIGENCE & SALES PLAN**

22) For which area do you seek our Distributorship (Area of Operation)\*?  
SIDIGINAMOLA, KAREKAL, MEENALLI HAGARI

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

Type	Crop	Approx. Area	Approx. Volume
Field Crops	Chilli.	1000	12 LK.
Field Crops	paddy	800	10 LK
Field Crops			5 LK
Vegetables	Bengal gram	1000	
Vegetables			
Vegetables			
Others	Red gram.	2000	8 LK.
Others			
Others			

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

Molecules	Crops	Key Brands	Approx. Volume
Glycid	All	Sumikma	

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

Molecules	Crops	Key Brands	Approx. Volume
T-Stant			

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

Molecules	Crops	Key Brands	Approx. Volume
Baragid Emanactin	All		

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

Products	Crops	Key Brands	Approx. Volume
Ran Seedy.	All		

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

Name of the Product		Quantity	
		Year 1	Year 2
Herbicides	L. Minalon	500	1000
Herbicides	Destro	200	300
Fungicides	Spur-907	500	500
Fungicides			
Pesticides	Strike-Sophus.	200	300
Pesticides			
Micronutrients	Chaka. Chak.	200	300
Micronutrients			

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

Bring New.

products. for Mighly

**PART D: FINANCIAL INFORMATION OF APPLICANT**

30) Primary Bank Account of Business\*:

Name of the Bank **CANARA BANK**  
 Name & address of Branch **CANARA BANK HAGARI 583138**  
**HAGARI KARNATAKA - 583138**  
 IFSC Code of Branch **CNRB0010615**  
 Account No **06151400000229** Type of Account: Savings/Current/OD

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

If Yes, Name of Bank **CANARA BANK HAGARI**  
 Name & address of Branch **HAGARI KARNATAKA 583138**  
**HAGARI KARNATAKA**  
 CC/OD Limit (Approx. in Rs lakhs)

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

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

If Yes, approx. size **40x40** Address: **SRI VENKATESHWARA AGRO SEEDS**

S/o **BTHIMMA REDDY SIDIGINAMOLA 583111**

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

35) If Yes, approx. size **40x50** Address: **H.NO.329 PLOT NO.5 VENKATESWARA**  
**MANTRALAYA ROAD NEAR HOSPITAL SIDIGINAMOLA PRASAWA**

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	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](mailto:uaci.ngp2@gmail.com) / [customer.care@universalagri.in](mailto:customer.care@universalagri.in)

Mobile No: +91 7410040857 / 8336929010

SCAN.  
10,000  
24/08/2024  
784085  
784086  
784087

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):		
Distance from the nearest distributors:		

Proposed Business Volume for this FY (in Rs Lakhs)	5 Lakhs
Credit Limit Required (in Rs Lakhs)	2.50 Lakhs

Approved By: (all forms have to be approved by respective GICs)	
Name of Company Official	Signature of Company Official
Md. ISRAHIM	M. [Signature]