

And for Sales Team Member Opening Distributorship		Yes	No
Particulars			
Distributorship Form			
1	Mandatory fields on Page 1 filled up	✓	
2	Mandatory fields on Page 2 filled up	✓	
3	Mandatory fields on Page 3 filled up	✓	
4	Mandatory fields on Page 4 filled up	✓	
5	Mandatory fields on Page 6 filled up	✓	
6	Signature of representative added on Page 1	✓	
7	Photograph of representative affixed on Page 1	✓	
8	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)
 Credit Limit Required (in Rs Lakhs)

@10Lac
 @4Lac

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

Signature of Company Official

15. The Distributor paying through cheque must ensure that the cheque is drawn on a bank on whom the company will levy a cheque Dishonor charge on the Distributor. The company will recourse for such dishonor.
16. The company will provide a standard credit period of 90 days from the date of the invoice. The company will levy interest on Overdue payments.
17. The company will not accept any Sales Return unless the material supplied were damaged in transit. For return of 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 Distributor is required not to provide any credit for material returned in violation of its Sales Return policy.
18. The Distributor will not handover any material to any member of the sales team without specific written instruction in 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 is required to maintain the integrity of the packaging in which the products are supplied by the company issued by the Head Office of the company.
20. The Distributor is required not to tamper with the packets, designs, logos and trademarks of the company in any way at all times and is required not to enter into any financial transactions with any member of the sales team without specific written instruction. 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, Monjurul Haque Laskar acting on behalf of Ujjala seeds store
 (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 the best of my knowledge and understanding

Monjurul Haque Laskar
 (Signature of Representative of Distributor*)

Ujjala Seed Stores
Monjurul Haque Laskar
Proprietor
 (Stamp of Distributor*)

Date: 02/11/2024
 Place: Nutanhat

Name of Company Official	Signature of Company Official
RITWIK PATRA	<u>Ritwik Patra</u>

PART D: FINANCIAL INFORMATION OF APPLICANT

- 30) Primary Bank Account of Business*:
 Name of the Bank BANQIYA GRAMIN MIKASH BANK
 Name & address of Branch NATUNHAT BRANCH
JOYNAGAR, SOUTH 24 PARGANAS - 743338
 IFSC Code of Branch UTBI0RRBAB
 Account No 5400060000240 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) _____ / RTGS
- 32) Security Deposit* of Rs. 100000 paid through Cheque No. _____ / RTGS
- 33) Is the Office/ Shop used by the Distributor, owned by the Distributor*? Yes / No
 If Yes, approx. size 2 Dec Address: BAKULTALA
- 34) Is the Godown used by the Distributor, owned by the Distributor*? Yes / No
 If Yes, approx. size 15 Dec Address: BAKULTALA
- 36) Number of staff employed by the applicant _____
- 37) Does the applicant own any 2-wheeler? Yes / No
 If Yes, Number of such vehicles 002 used for Business / Personal / Both
- 38) Does the applicant own any 4-wheeler? Yes / No
 If Yes, Number of such vehicles 001 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.ngp2@gmail.com / customer.care@universalagri.in

Mobile No: +91 7410040857 / 8336929010

PART C: MARKET INTELLIGENCE & SALES PLAN

For which area do you seek our Distributorship (Area of Operation)*?
Naturhat, Jamnala

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

Type	Crop	Approx. Area	Approx. Volume
Field Crops	PADDY	@ 10000 Acre	
Field Crops			
Field Crops		@ 200 Acre	
Vegetables	TOMATO	@ 200 Acre	
Vegetables	BRINJAL	@ 200 Acre	
Vegetables	BITTER Gourd	@ 200 Acre	
Others			
Others			

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

Molecules	Crops	Key Brands	Approx. Volume
Paraquat Dichloride 24% SL	All crop		

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

Molecules	Crops	Key Brands	Approx. Volume
Hexaconazole 5% SC	Paddy		

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

Molecules	Crops	Key Brands	Approx. Volume
Cypermethrin 10% EC	Paddy		

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

Products	Crops	Key Brands	Approx. Volume
Paras Vita	All crop		

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

	Name of the Product	Quantity	
		Year 1	Year 2
Herbicides	Bulk	500lit	2 kal
Herbicides	Dawin	300lit	1 kal
Fungicides	Hexa plus	300lit	1 kal
Fungicides	Cosmic-720	100kg	500kg
Pesticides	Strike 550	300lit	2 kal
Pesticides	Strike super	200lit	2 kal
Micronutrients	Desperado	100kg	500kg
Micronutrients	Galaxy	150kg	1 MT

Please share if you have any suggestions to improve business

PART B: BUSINESS BACKGROUND OF APPLICANT

- 13) Year of Establishment: 2014
 14) Number of years for which you are dealing in Pesticides / Micronutrients: 2014
 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
ADAMA INDIA LTD	2020	Paranex, Metadr	@ 5lacs
INDOFIL INDUSTRIES LTD.	2016	Gem, volax	@ 30lacs
HERANBA INDUSTRIES LTD.	2018	Glory, Cyfra	@ 10lacs
SYNGENTA INDIA LTD.	2017	Vitarro, Ribit.	@ 50lacs

- 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
Nadunhat			1. 2. 3.
Tamtala			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) _____

Are you involved in any other businesses **NOT** related to agriculture*? Yes / No
 If yes, please share broad overview of the nature of business



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* M/S UJJALA SEED STORES

2) Full Postal Address for correspondence*:
Type of Location: Office Shop Godown Residence
Street Name JAMTALA ROAD BAKULTALA HAT
P.O. BAKULTALA HAT District SOUTH 24 PARGANAS
State WEST BENGAL PIN Code 743338
Nature of the Entity*: Sole Proprietorship Partnership Private Limited Co.
Cooperative/ Society Others (Specify) _____
Name of Representative*: Proprietor / Managing Partner / Director / Authorised Signatory
MONJURUL HASUE LASKAR
Telephone No:
Office /Shop Landline: (STD Code)
Residence Landline: (STD Code)
Mobile*: +91 9733342745 WhatsApp Mobile: +91 9733342745
Email ID*: UJJALASEEDSTORES1970@gmail.com
Preferred mode of communication: Email Ph. Whatsapp
Income Tax Permanent Account No*: A16PL8210R
Is the applicant registered under GST*: Yes / No
Yes, is the applicant registered under Composite Scheme of GST: Yes / No
GST No
Pesticide Licence No* P06876 Valid Up to* LI / FE / TIME
Issued By DEPT OF AGRICULTURE GOVT OF WB (DDA)
Fertilizer Licence No* Valid Up to* / /
Issued By

Signature and Photograph of Person Authorized to Represent the Applicant



Name* MONJURUL HASUE LASKAR

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Monjurul Hafue Laskar
Signature*

Date: 02 / 11 / 2021