



UACI CROP SCIENCE PRIVATE LIMITED

20, Park Side Road, Rajeswari Niwas, 3rd Floor, Kolkata - 700026, West Bengal, India
Contact No. (033) 24649581, Email : universal@universalagri.in
Website : www.universalagri.net

APPLICATION FOR DISTRIBUTORSHIP

PART A: Basic Information of Applicant

- Name of the Organization* **MD-MUSTAFA**
- Full Postal Address for correspondence*:
Type of Location: Office Shop Godown Residence
Street Name **VILL-KARIALI**
P.S-HARISHCHANDRAPUR
P.O **KARIALI** District **MALDA**
State **WEST BENGAL** PIN Code **732125**
- Nature of the Entity*: Sole Proprietorship Partnership Private Limited Co.
Cooperative/ Society Others (Specify) _____
- Name of Representative*: Proprietor / Managing Partner / Director / Authorised Signatory
MD-MUSTAFA
- Telephone No:
Office /Shop Landline: (STD Code)
Residence Landline: (STD Code)
Mobile*: +91 **9593290988** WhatsApp Mobile: +91 **9593290988**
Email ID*: **mostofasabbhandar@gmail.com**
- Preferred mode of communication: Email Ph. Whatsapp
- Income Tax Permanent Account No*: **AIJPM3166G**
- Is the applicant registered under GST*: Yes / No
- If yes, is the applicant registered under Composite Scheme of GST : Yes / No
- GST No **19AIJPM3166G1Z1**
- Pesticide Licence No* **16715235596661308** Valid Up to* **76/68/1** *Lifetime*
Issued By **20122022**
- Micronutrient Licence No* **F08379** Valid Up to* **31/03/2025**
Issued By **20032017**

Signature and Photograph of Person Authorized to Represent the Applicant



Name* **MD-MUSTAFA**

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

md. mustafa

Signature*
MD MUSTAFA

Date: **07/02/2023**

PART B: BUSINESS BACKGROUND OF APPLICANT

13) Year of Establishment:

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

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

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
Sati	2 Lac	1	1. Litan Das 2. 3.
valuka	1 Lac	1	1. Ananda Mandal 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)*?

vill-Karjali, P.O-Karjali, P.S-Harishchandrapur, Dist-Malda, -732125

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

Type	Crop	Approx. Area	Approx. Volume
Field Crops	Paddy	All	3 Lac
Field Crops			
Field Crops			
Vegetables	Patato	2 Area	1 Lac
Vegetables			
Vegetables	Maize	3 "	2 Lac
Others			
Others			
Others			

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

Molecules	Crops	Key Brands	Approx. Volume
Paraquat	All	Remaxion	1 Lac

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

Molecules	Crops	Key Brands	Approx. Volume
Mencozeb 75%	All	Unihan M-45	1 Lac

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

Molecules	Crops	Key Brands	Approx. Volume
Emactobenzak	Maize	Embwz	2 Lac

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

Products	Crops	Key Brands	Approx. Volume
Nitrobenzin	All	Nitrogin	50,000+

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

	Name of the Product	Quantity	
		Year 1	Year 2
Herbicides	Dawn, Quik,	200 Ltr	300 Ltr
Herbicides	Sangeo	50 kg	100 kg
Fungicides	Unihan, Spwr,	100 kg	200 kg
Fungicides			
Pesticides	Strikeeso, Swood,	200 Ltr	300 Ltr
Pesticides			
Micronutrients			
Micronutrients			

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

PART D: FINANCIAL INFORMATION OF APPLICANT

30) Primary Bank Account of Business*:

Name of the Bank UNION BANK OF INDIA

Name & address of Branch BHALUKA ROAD-732125

IFSC Code of Branch UBIN0541133

Account No 411305010500006 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. _____ paid through Cheque No. _____ / RTGS

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

If Yes, approx. size 10F14F Address: KARIALI

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

35) If Yes, approx. size 15F25F Address: KARIALI

36) Number of staff employed by the applicant 01

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.ngp2@gmail.com / customer.care@universalagri.in

Mobile No: +91 7410040857 / 8336929010

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

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- Mustafa acting on behalf of Md- Mustafa
 (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

MD MUSTAFA

MD MUSTAFA

Prop. MD Mustafa
 (Signature of Representative of Distributor*)

Prop. MD Mustafa
 (Stamp of Distributor*)

Date:

Place:

Name of Company Official	Signature of Company Official
<u>Sadhon Biswas</u>	<u>[Signature]</u>

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)	15 Lacs
Credit Limit Required (in Rs Lakhs)	7 Lacs

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



FORM 'A 2'
ACKNOWLEDGEMENT
[See Clause 8(3)]

Name of the concern: MD MUSTAFA
Letter of Authorization No. F08379
Date of Issue: 20/03/2017
Renewal with effect from 01/04/2020

Valid Upto: 31/03/2025

Received from M/s MD MUSTAFA a complete Memorandum of Information along with Form 'O' fee of Rs. 1400/- by Chaitan bearing number 107226416 dated 04/03/2020 as LOA for Retail Dealer for Subdivision Chanchal

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 :

Jl no : 177 Dag no : 1175 Khatian no : 6288 Road : KARIALI BAZAR Mouza : Koriyali Block : HARISHCHANDRAPUR - II Subdivision : Chanchal District : Malda State : West Bengal

Storage details

Jl no : 177 Dag no : 1175 Khatian no : 6288 Road : KARIALI BAZAR Mouza : Koriyali Block : HARISHCHANDRAPUR - II Subdivision : Chanchal District : Malda State : West Bengal

Annexure - B ('O' Form details)

Sl.	Company Name	Form number	Valid Upto	Fertilisers
1	09062018	068	2021-06-08	Ammonium Sulphate (RAJA.GSFCLTD); Diammonium Phosphate (18-46-0) (KRIBHCO,RCF,IPL)
2	20/03/2017	126	2020-03-31	Calcium Nitrate (SHAKTIMAN,PARAS KRIBHCO); Muriate of Potash/MOP (PARAS,NAVARATNA IPL,UJJALA,IFFCO); Nitrophosphate with Potash grade II (15-15-15) (PARAS,SUFALA); N.P.K. (10-26-26) (PARAS,NAVARATNA,IFFCO,UTTAM); N.P.K. (12-32-16) (PARAS,IFFCO); N.P.K. (14-35-14) (PARAS); N.P.K. (15-15-15) (PARAS,SUFALA); Single Superphosphate (16% P2O5 Granulated) (PARAS,ANNAPURNA,UMA LAKSHMI IPL); Single Superphosphate (16% P2O5 Powdered) (PARAS,ANNAPURNA,UMA LAKSHMI IPL); Urea (46% N) (SHAKTIMAN,PARAS KRIBHCO,NECL,UJJALA,MUKTA,IFFCO,UTTAM IPL); Zinc Sulphate Mono hydrate (ZnSO4.H2O) (SHAKTIMAN,PARAS KRIBHCO)
3	21-03/2017	125	2020-04-01	Urea (46% N) (KSFL)

Place:

Dated :

(Signature of Notified Authority)

Signature 29/6/20

MD MUSTAFA

Prop.- MD MUSTAFA

Asst. D. A. (Admn.)
Chanchal Sub - Division
Chanchal, Malda

Renewal
License No : F08379

Place:

Dated :

(Signature of Notified Authority)

Blau 29/6/20

MD MUSTAFA

Prop. *MD mustafa*

Asst. D. A. (Admn.)
Chanchal Sub - Division
Chanchal, Malda

FORM 'II'

APPLICATION FOR

(1) GRANT OF LICENCE TO SELL, STOCK OR EXHIBIT FOR SALE OR DISTRIBUTE INSECTICIDES

[See sub-rules (1) of rule 10]

(Submit separate application for different licence)



To,
The Licencing Authority,
DDA (Admin) , Malda

1. Name, address and e-mail address of the applicant:

Name of the applicant: MD MUSTAFA

Name of the concern: M/S MD MUSTAFA, PROP- MD MUSTAFA

Communication Address: KARIALI, P.O - KARIALI, P.S - HARISHCHANDRAPUR, PIN - 732125

Email: mostofasarbhandar@gmail.com

Mobile No: 9593290988

Aadhaar number: XXXXXXXX 1203

2. Whether the application is for Sell, stock/exhibit for sale/distribution of insecticides

3. Complete address (including name of the lane, PIN Code, etc.) of the premises, where the insecticide(s) shall be:

(a) stored/stocked: Details attached on Annexure - A

(b) sold or exhibited for sale or issued for use

Jl no : 177
Dag no : 1196
Khatian no : 3349
Road : KARIALI
Mouza : Koriyali
Block : HARISHCHANDRAPUR - II
Subdivision : Chanchal
District : Malda
State : West Bengal

Place: _____ Dated : ___/___/___

Signature of Applicant

MD MUSTAFA

Prop.- *MD MUSTAFA*

(c) whether any of the above premises is situated in residential area (undertaking to be submitted)

no

(d) whether food articles are also stored in any of the above premises (undertaking to be submitted)

no

4. a) Qualification of the applicant/ the technical personnel under employment of the applicant:

Name and designation: MD MUSTAFA

Qualification: 1 Year diploma course in Agriculture/ Horticulture

Experience: 12 months

(b) Whether fulfill minimum qualification as per Insecticide rules: Yes

5.

In case of application for cpc,
(Enclose supporting documents)

(a) address of registered, zonal and branch offices:

(b) address of the premises for which the license is applied for:

(c) whether approval of technical expertise obtained:

(d) if yes, state reference number of approval, its date and validity:

(e) name of restricted insecticides for which approved:

(f) name of the responsible technical person:

(g) whether any quantity of restricted insecticide in possession as on date of application:

(h) if yes, particulars and respective quantity of each in possession:

(i) details of safety equipment, antidotes and all other essential facilities:

6.

In case of licence to sell/stock etc. and for cpc, name of the insecticide(s) and its/their manufacturer/importer which the applicant intends to deal in and status of the principal certificate(s) in the format give below (Please enclose principle certificate(s) as per format Appended):

Annexure-B

7.

Full particulars of licence(s), if issued in the name of the applicant by any other state in the area of their jurisdiction: Not Applicable

8. Particulars of the application fee paid by the applicant:

Place: _____ Dated: ___/___/___

Signature of Applicant

MD MUSTAFA

Prop. *MD MUSTAFA*

Application No: 1671523559666130876681
Application Date: 20/12/2022

(a) Reference /GRN Number 192022230222055208
(b) Date 20/12/2022
(c) Amount 1500

9. Any other relevant information:

Declaration:

(Strike out which is not applicable)

- a) I _____ s/d/o _____ do hereby solemnly verify that the information given in the application and the annexures and statements accompanying it is correct and complete to the best of my knowledge and belief and that nothing has been concealed. I clearly understand that this license is liable to be cancelled, if any information, or part thereof, is found to be wrong, fake or false at any stage or any condition of license is violated.
- b) I declare that we have adequate space and facilities to stock insecticides, so as to maintain their quality on shelf.
- c) I shall not supply insecticide(s) to any distributor or dealer or person who does not have adequate space and facilities to stock them so as to maintain their quality on shelf under every circumstances. (for application for licence to manufacture)
- d) I also declare that I shall not take possession of any stock without satisfying myself with the quality thereof.
- e) I undertake that we shall forthwith inform any change in the responsible technical person.
- f) I undertake that we shall forthwith inform any change in principle certificate to the licensing officer (not applicable for application for licence to manufacture)
- g) I further declare that I am making this application in my capacity as _____ and that I am competent to make this application and verify it by virtue of _____, an attested copy of which is enclosed herewith. I further declare that I shall abide by the conditions laid down in the license and failure to do so shall render the license liable to cancellation.

I shall show the following documents in original & submit the photocopy of the same along with Application form (II) at the time of inspection.

For Pesticide License (If applicable):

1. Consent of expert with self-attested copy of certificate (Eligible qualifications given in user manual)
2. Photocopy of current Trade License
3. Photocopy of current Tax Receipt (from: BL&LRO/Municipality/Corporation) with NOC / Current rent Receipt with Agreement Deed along with photocopy of Porcha/deed as a proof of ownership/possession.
4. Principal Certificate in original
5. Receipt of requisite fees in TR Form-7 (in Original)
6. Sales return (Applicable for renewal)
7. Full particulars of license(s), if issued in the name of the applicant by any other state in area of their jurisdiction.

Annexure - A (Store Locations)

Storage Details :

Name :	M/S MD MUSTAFA
Jl no :	177
Dag no :	1196
Khatian no :	3349
Road :	KARIALI
Mouza :	Koriyali
Block :	HARISHCHANDRAPUR - II

Place: _____ Dated : ____/____/____

Signature of Applicant

MD MUSTAFA

Prop. - *md mustafa*

Application No: 1671523559666130876681
Application Date: 20/12/2022

Subdivision Chanchal
District Malda
State West Bengal

Annexure - B (Principal Certificate)

Sl no.	Particulars of the Insecticide	Name of the Manufacturer/Importer	Principle Certificate Number	Detailed principal certificate number /date of issue/validity
1	ALL	UNIVERSAL AGRO CHEMICAL INDUSTRIES	318	25/01/2021

Place: _____ Dated : ___/___/___

Signature of Applicant

MID MUSTAFA

Prop. - *md. mustafa*



Government of West Bengal GRIPS 2.0 Acknowledgement Receipt Payment Summary



201220222022205519

GRIPS Payment Detail

GRIPS Payment ID:	201220222022205519	Payment Init. Date:	20/12/2022 13:53:35
Total Amount:	1500	No of GRN:	1
Bank/Gateway:	SBI EPay	Payment Mode:	SBI Epay
BRN:	0141892728715	BRN Date:	20/12/2022 13:53:57
Payment Status:	Successful	Payment Init. From:	GRIPS Portal

Depositor Details

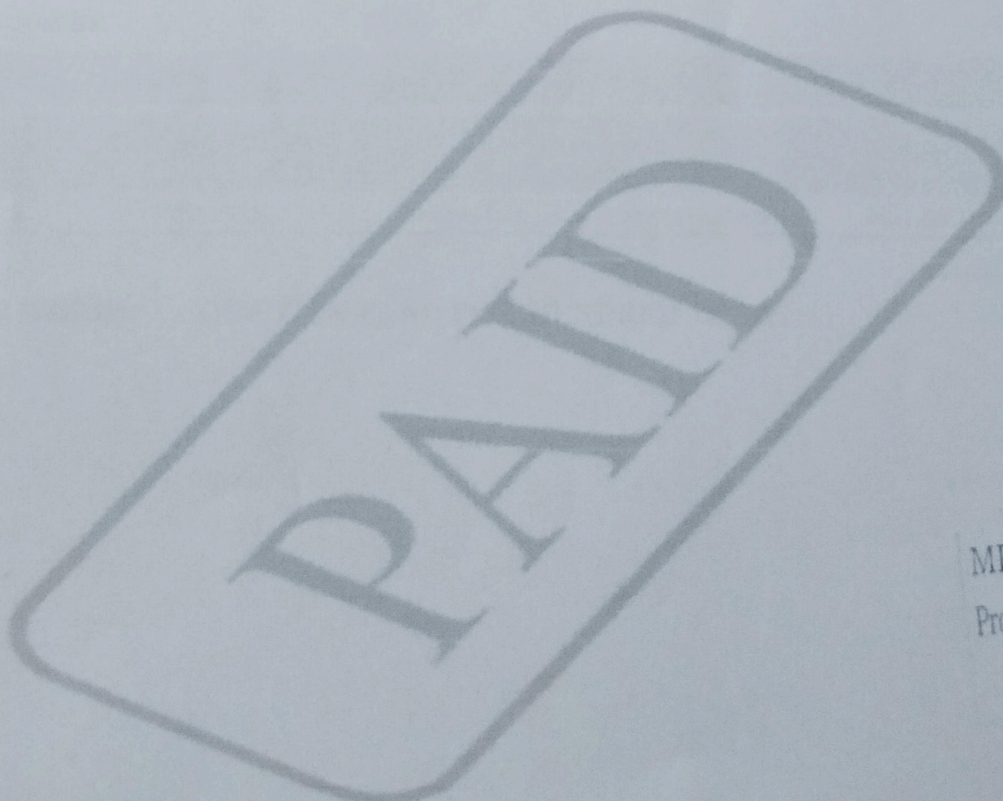
Depositor's Name: MD MUSTAFA
Mobile: 7501429211

Payment(GRN) Details

Sl. No.	GRN	Department	Amount (₹)
1	192022230222055208	Agriculture Department	1500
Total			1500

IN WORDS: ONE THOUSAND FIVE HUNDRED ONLY.

DISCLAIMER: This is an Acknowledgement Receipt, please refer the respective e-challan from the pages below.



MD MUSTAFA

Prop.-

md mustafa



Govt. of West Bengal
Agriculture Department
GRIPS eChallan



192022230222055208

GRN Details

GRN: 192022230222055208 Payment Mode: SBI Epay
GRN Date: 20/12/2022 13:53:35 Bank/Gateway: SBIEpay Payment Gateway
BRN : 0141892728715 BRN Date: 20/12/2022 13:53:57
Gateway Ref ID: 235446314292 Method: State Bank of India UPI
GRIPS Payment ID: 201220222022205519 Payment Init. Date: 20/12/2022 13:53:35
Payment Status: Successful Payment Ref. No: PESTICIDE
[REF No]

Depositor Details

Depositor's Name: MD MUSTAFA
Address: KARIALI PS HARISHCAHNDRAPUR, West Bengal, 732125
Mobile: 7501429211
Contact No: 9593290988
Depositor Status: Depositor
R.E.F. No: PESTICIDE
Name: MS MD MUSTAFA
Address: KARIALI, PS HARISHCHANDRAPUR, PIN 732125
Period From (dd/mm/yyyy): 20/12/2022
Period To (dd/mm/yyyy): 20/12/2022
Remarks: NEW

Payment Details

Sl. No.	Payment Ref No	Head of A/C Description	Head of A/C	Amount (₹)
1	PESTICIDE	Receipts from plant protection schemes	0401-00-107-001-17	1500
			Total	1500

IN WORDS: ONE THOUSAND FIVE HUNDRED ONLY.

MD MUSTAFA

Prop. *md mustafa*



सत्यमेव जयते

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

Registration Certificate

Registration Number : 19AJPM3166G1Z1

1.	Legal Name	MOHAMMAD MUSTAFA			
2.	Trade Name, if any	MD MUSTAFA			
3.	Constitution of Business	Proprietorship			
4.	Address of Principal Place of Business	KARIALI, KARIALI, HARISCHANDRAPUR, Malda, West Bengal, 732125			
5.	Date of Liability				
6.	Period of Validity	From	13/09/2017	To	NA
7.	Type of Registration	Regular			
8.	Particulars of Approving Authority	Centre Goods and Services Tax Act, 2017			
Signature					
Name		Debraj Sobhakar			
Designation		Superintendent			
Jurisdictional Office		WB070			
9.	Date of issue of Certificate	13/09/2017			
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 approval of the application by the jurisdictional tax authority

MD MUSTAFA

Prop.- *md. mustafa*

ভারত সরকার
Government of India

Issue Date: 12/02/2014



নাম: মুস্তাফা
Md. Mustafa
জন্মতারিখ/DOB: 03/01/1976
পুরুষ/ MALE

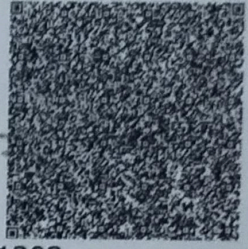
9346 5983 1203
VID : 9130 6711 2871 9472
আমার আধার, আমার পরিচয়

ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ
Unique Identification Authority of India

Download Date: 27/01/2022

ঠিকানা:
S/O মহাঃ ইউনুস, কড়িয়ালি বাজার, কারিয়ালি, মালদা,
পশ্চিম বঙ্গ - 732125

Address:
S/O Md Younush, kariali bajar, Kariali, Malda,
West Bengal - 732125



9346 5983 1203
VID : 9130 6711 2871 9472

1947 | help@uidai.gov.in | www.uidai.gov.in

MD MUSTAFA

Prop.- *Md. Mustafa*

ভারতের নির্বাচন কমিশন
ELECTION COMMISSION OF INDIA
নির্বাচনসভা নির্বাচন কার্ড ELECTOR PHOTO IDENTITY CARD
WB/05/043/078071



নাম : মদ মুস্তেফা
Name : Md Mustefa
পিতার নাম : মদ ইউনুস
Father's Name : Md younus

EPIC No. : WB/05/043/078071

লিঙ্গ/Gender : পুরু / Male
জন্ম তারিখ/বয়স : 03-01-1976
তারিখ : 03-01-1976
ঠিকানা : এনও, কারিালি, কারিালি, কারিালি, মালদা,
পশ্চিমবঙ্গ-732125
Address : N00, KARIALI, KARIALI, KARIALI, MALDA,
WEST BENGAL-732125

তারিখ/ Date : 27-04-2022 নির্বাচন অধিকারিক
Electoral Registration Officer

বিধানসভা নির্বাচনক্ষেত্রের নং ও নাম : 46-হরিশচন্দ্রপুর (সাধারণ)
Assembly Constituency No. and Name : 46-
Harischandrapur (GENERAL)

Note
1. প্রতি নির্বাচনের আগে, অনুগ্রহ করে দেখে নিল বর্তমান তালিকার
আপনার নাম আছে কিনা।
1) Before every Election, please check that your name exists in
current electoral roll.
2. নির্বাচনের উদ্দেশ্যে ব্যতীত, এই কার্ডটি বয়সের প্রমাণপত্র নয়
2) This card is not a proof of age except for the purpose of
election.

MD MUSTAFA
Prop.- *Md. Mustefa*


आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

MAHAMMAD MUSTAFA
MAHAMMAD YOUNUSH

03/01/1976
Permanent Account Number
AIJPM3166G

MD Mustafa
Signature



MD MUSTAFA
Prop.- *MD Mustafa*