



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* **RADHA KRISHNA KRISHI BHANDAR**
- Full Postal Address for correspondence*
Type of Location: Office Shop Godown Residence
Street Name **SRINARAYANPUR**
P.O **SRINARAYANPUR** District **SOUTH 24 PARGANAS**
State **WEST BENGAL** PIN Code **743399**
- Nature of the Entity*: Sole Proprietorship Partnership Private Limited Co.
Cooperative/ Society Others (Specify) _____
- Name of Representative*: Proprietor / Managing Partner / Director / Authorised Signatory
TANUMOY HALDER
- Telephone No:
Office /Shop Landline: (STD Code)
Residence Landline: (STD Code)
Mobile*: +91 **9883084867** WhatsApp Mobile: +91 **9883084867**
Email ID*: **Tanumoyhalder107@gmail.com**
- Preferred mode of communication: Email Ph. Whatsapp
- Income Tax Permanent Account No*: **AJEPH2886C**
- Is the applicant registered under GST*: Yes / No
- If yes, is the applicant registered under Composite Scheme of GST : Yes / No
- GST No
- Pesticide Licence No* Valid Up to* / /
Issued By
- Micronutrient Licence No* Valid Up to* / /
Issued By

Signature and Photograph of Person Authorized to Represent the Applicant



Name* **TANUMOY HALDER**

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Tanumoy Halder
Signature*

Date:

PART B: BUSINESS BACKGROUND OF APPLICANT

13) Year of Establishment:

14) Number of years for which you are dealing in Pesticides / Micronutrients: 2020

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
ASIA DAWN BIO CARE	1 YEAR	DECO DAWN	5 LAKH

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

PART C: MARKET INTELLIGENCE & SALES PLAN

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

NARAYANGANJ

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

Type	Crop	Approx. Area	Approx. Volume
Field Crops	BITTER GOURD	7	
Field Crops	RIDGE GOURD	5	
Field Crops			
Vegetables	CUCUMBER .	5	
Vegetables	BHENDI	5	
Vegetables			
Others	PADDY	60	
Others	BETEL LEAF	50	
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	QUICK	50L	60L
Herbicides	DAWN	30L	40L
Fungicides	SPUR 907	100K	150K
Fungicides	UDHAAN	50K	60K
Pesticides	STRIKE 550	100L	200L
Pesticides	EM20	30K	50K
Micronutrients	GALAXY GOLD	500K	600K
Micronutrients	DEVIL	5L	10L

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
 Name & address of Branch

 IFSC Code of Branch
 Account No 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 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

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@universalagri.in

Mobile No: +91 7410040857 / 8336929010

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@universalsagri.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, TANUMOY HALDER acting on behalf of RADHA KRISHNA KRISHI BHANDAR
 (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

Tanumoy Halder
 (Signature of Representative of Distributor*)

Tanumoy Haeder
রাধাকৃষ্ণ কৃষি ভান্ডার
শ্রীনাথগঞ্জ নারায়ণগঞ্জবাজার
 (Stamp of Distributor*)

Date: 09.02.23

Place: 16 NO Narayanganj

Name of Company Official	Signature of Company Official
<u>Biswasnath Panda</u>	<u>B. Panda</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)	
Credit Limit Required (in Rs Lakhs)	

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

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) , South 24 Parganas

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

Name of the applicant: TANUMOY HALDER

Name of the concern: TANUMOY HALDER

Communication Address: SRINARAYANPUR, P.O - SRINARAYANPUR, P.S - DHOLAHAT, PIN - 743399

Email: tanumoyhalder107@gmail.com

Mobile No: 9883084867

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 : 8
Dag no : 721
Khatian no : 2027
Road : MANDIRER GHAT ROAD
Mouza : Shrinarayanpur
Block : PATHAR PRATIMA
Subdivision : Diamond Harbour
District : South 24 Parganas
State : West Bengal

(c) whether any of the above premises is situated in residential area (undertaking to be submitted):
no

Place: _____ Dated : ___/___/___

Tanumoy Halder
Signature of Applicant



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड/ऑफलाइन XML/ ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code / Offline XML / Online Authentication.

- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।
- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.

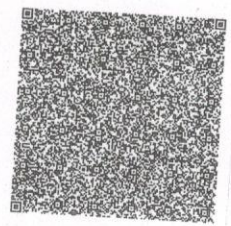


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Print Date : 23/09/2021

Address: S/O Gopal Halder,
Srinarayanpur, South Twenty Four
Parganas, West Bengal, 743399



3473 2120 0763

1947

help@uidai.gov.in

www.uidai.gov.in

Tanumoy Halder
राशकृष्ण कृषि भांडार



भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

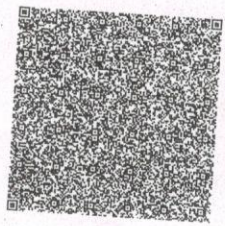
Enrollment No.: 2786/51226/00164

To
Tanumoy Halder
S/O Gopal Halder,
VTC: Srinarayanpur,
PO: Srinarayanpur,
District: South Twenty Four Parganas,
State: West Bengal,
PIN Code: 743399,
Mobile: 9883084867

103657236



MG036572362FI



आपका आधार क्रमांक / Your Aadhaar No. :

3473 2120 0763

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Issue Date : 19/04/2013



Tanumoy Halder
DOB : 08/03/1991
Male

3473 2120 0763

मेरा आधार, मेरी पहचान

आयकर विभाग
INCOME TAX DEPARTMENT
TANUMOY HALDER
GOPAL HALDER
08/03/1991
Permanent Account Number
AJCPH2886C
Signature
भारत सरकार
GOVT. OF INDIA

In case this card is lost / found, kindly inform / return to :
Income Tax PAN Services Unit, UTIITSL
Plot No. 3, Sector 11, CBD Belapur,
Navi Mumbai - 400 614.
इस कार्ड के खोने/पाने पर कृपया सूचित करें/लायें :
आयकर पैन सेवा यूनिट, UTIITSL
प्लॉट नं. 3, सेक्टर 11, नवी मुंबई, महाराष्ट्र,
महाराष्ट्र - 400 614.

Tanumoy Halder
রাখাকৃষ্ণ কৃষি ভাণ্ডার
শ্রীনारायणपर नारायणगण्डुवाज़ार



(10541) - BIJOYGANJ BAZAR
P.O: BIJOYGANJ BAZAR 24 PARGANAS (SOUTH)
WEST BENGAL 743345
Tel: 91-8001194217 IFS Code : SBIN0010541

केवल 3 महीने के लिए वैध / VALID FOR 3 MONTHS ONLY
D D M M Y Y Y Y

PAY TO THE ORDER OF CROP SCIENCE PRIVATE LIMITED

को या उनके आदेश पर OR ORDER

रुपये RUPEES

अदा करें ₹

खा. सं. / A/c No. 32548087493

VALID UPTO ₹ 10 LACS AT NON-HOME BRANCH

SB ACCOUNT

PREFIX: 0523700195

Tanumoy Halder
Mr. TANUMOY HALDER

MULTI-CITY CHEQUE Payable at Par at All Branches of SBI

Please sign above

⑈898014⑈ 700002339⑆ 015063⑈ 31



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P.O: BIJOYGANJ BAZAR 24 PARGANAS (SOUTH)
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