



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* **KAMALENDU CHATTOPADHYAY**
- 2) Full Postal Address for correspondence*:
Type of Location: Office Shop Godown Residence
Street Name **SRI DHAR PUR HAT TOLA**
VILL - SRI DHAR PUR
P.O **HAT - SRI DHAR PUR** District **PURBA BURDWAN**
State **WEST BENGAL** PIN Code **713146**
- 3) Nature of the Entity*: Sole Proprietorship Partnership Private Limited Co.
Cooperative/ Society Others (Specify) _____
- 4) Name of Representative*: Proprietor / Managing Partner / Director / Authorised Signatory
KAMALENDU CHATTOPADHYAY
- 5) Telephone No:
Office /Shop Landline: (STD Code) _____
Residence Landline: (STD Code) _____
Mobile*: +91 **8346997485** WhatsApp Mobile: +91 **8346997485**
Email ID*: _____
- 6) Preferred mode of communication: Email Ph. Whatsapp
- 7) Income Tax Permanent Account No*: _____
- 8) Is the applicant registered under GST*: Yes / No
- 9) If yes, is the applicant registered under Composite Scheme of GST : Yes / No
- 10) GST No **19AJEP09520A22M**
- 11) Pesticide Licence No* **P05529** Valid Up to* ____/____/____
Issued By _____
- 12) Micronutrient Licence No* _____ Valid Up to* ____/____/____
Issued By _____

Signature and Photograph of Person Authorized to Represent the Applicant



Name* **KAMALENDU CHATTOPADHYAY**

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Kamalendu Chattopadhyay
Signature*

Date: **23/05/2023**

PART B: BUSINESS BACKGROUND OF APPLICANT

- 13) Year of Establishment: 2014
- 14) Number of years for which you are dealing in Pesticides / Micronutrients: 10 years
- 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
			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)*?

Saidhaspur, Bunderwan

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

Type	Crop	Approx. Area	Approx. Volume
Field Crops			
Field Crops			
Field Crops			
Vegetables			
Vegetables			
Vegetables			
Others			
Others			
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	Dawn	100	200
Herbicides	Basch	150	200
Fungicides	Galaxy	300	500
Fungicides	Chaka Chap	200	500
Pesticides			
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 INDIAN OVERSEAS BANK
 Name & address of Branch MEMARI
 IFSC Code of Branch IOBA0001513
 Account No 151933000000084 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. 25000 paid through Cheque No. 000218 / RTGS

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

If Yes, approx. size 1000 Address: Shobikhan

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

35) If Yes, approx. size 1000 Address: Shobikhan

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

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)	10 Lakh
Credit Limit Required (in Rs Lakhs)	2 Lakh.

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

