



# 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\* **VIKASH KRISHI SEWA KENDRA**

Full Postal Address for correspondence\*:

Type of Location: Office  Shop  Godown  Residence

Street Name **7 BUS STAND POLAY KALAN SHAJAPUR**

**MADHYA PRADESH 465116**

P.O **POLAY KALAN** District **SHAJAPUR**

State **MADHYA PRADESH** PIN Code **465116**

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   
**GHANSHYAM GOTHIE**

5) Telephone No:

Office /Shop Landline: (STD Code)

Residence Landline: (STD Code)

Mobile\*: +91 **9424059575** WhatsApp Mobile: +91 **9424059575**

Email ID\*: **gsgothie@gmail.com**

6) Preferred mode of communication: Email  Ph.  Whatsapp

7) Income Tax Permanent Account No\*: **ARLP65113A**

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 **23ARLP65113A1ZJ**

11) Pesticide Licence No\* **17** Valid Up to\*  /  /

Issued By **13-06-2007**

12) Micronutrient Licence No\*  Valid Up to\*  /  /

Issued By

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



Name\* **SH KODARMIAL GOTHIE 29/2 WARD NO-14**

**HANUMAN GADI AKODIYA ROAD POLAY**

Gender\*: Male  Female

Relationship with applicant\*: Owner  Partner  Director  Others

**For Vikas Krishi Sewa Kendra**

Signature\* **Proprietor**

Date: **14/06/2022**

**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
DHANUKA AGRITECH	2007	ALL PRODUCTS	40-lakh
GSP INDIA PVT LTD	2010	» — »	15-lakh
WILLOWOOD CROP SCI-	2017	» — »	25-lakh
VHARDA CHEMICALS	2007	» — »	20-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

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

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

SHUJALPUR - (SHAJAPUR)

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

Type	Crop	Approx. Area	Approx. Volume
Field Crops	SOYABEAN	8000-HA	5,cr
Field Crops	WHEAT, GARLIC		3,cr
Field Crops	ONION		
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		
Herbicides		
Fungicides		
Fungicides		
Pesticides		
Pesticides		
Micronutrients		
Micronutrients		

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

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**PART D: FINANCIAL INFORMATION OF APPLICANT**

30) Primary Bank Account of Business\*:

Name of the Bank

STATE BANK OF INDIA

Name & address of Branch

BADI POLAI 465116 DISTT SHAJA

PUR M. P 465116

IFSC Code of Branch

SBIN00301186

Account No

63015042673

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. 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

10x40

Address: BUS STAND POLAY KALAN

465116

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

35) If Yes, approx. size

40x60

Address: BUS STAND POLAY KALAN

465116

36) Number of staff employed by the applicant 03

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"> <li>Signed copy of ID Proof (Aadhaar Card/ Passport/ Driving License)</li> <li>Signed copy of Address Proof (Aadhaar Card/ Passport)</li> <li>Signed copy of PAN</li> <li>Signed copy of GST Certificate (if applicable)</li> <li>Signed copy of Pesticide License</li> <li>Signed copy of Micronutrient License</li> <li>Statement of primary bank account(s) of business evidencing debit and credit transactions, for the last 3 months</li> </ol>
Additional documents for Partnership Firm	<ol style="list-style-type: none"> <li>Signed copy of registered partnership deed</li> <li>Authorization from all partners allowing representative to act and sign on behalf of the firm</li> </ol>
Additional documents for Private Limited Company	<ol style="list-style-type: none"> <li>Signed copy of Memorandum and Articles of Association</li> <li>BOD resolution allowing representative to act and sign on behalf of the company</li> </ol>

**Customer Care**

**Email ID: uaci.ngp2@gmail.com / customer.care@universalagri.in**

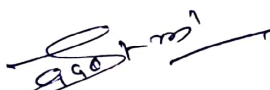
**Mobile No: +91 7410040857 / 8336929010**

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@universalagri.in](mailto: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

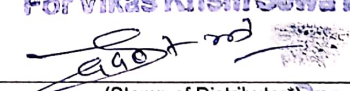
I, GHANSHYAM GOHI acting on behalf of VIKASH KRISHI SEWA KENDRA  
 (Name of Representative\*) (Name of Distributor\*)

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


  
 (Signature of Representative of Distributor\*)

For Vikas Krishi Sewa Kendra

  
 (Stamp of Distributor\*) Proprietor

Date: 14/06/2022

Place: POLAYKLAN

Name of Company Official	Signature of Company Official
LAD SINGH / VEER SINGH DANUJI	

For Internal Use

Checklist for Sales Team Member Opening Distributorship

	Particulars	Yes	No
<b>Distributorship Form</b>			
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	✓	
<b>Supporting Documents</b>			
	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 - SBI - 775685, 775684, 775683		
	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)	

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



प्रारूप-8

कीटनाशियों के विक्रय, स्टॉक या विक्रय के लिए प्रदर्शन अथवा वितरण के लिए अनुज्ञप्ति, जिसके अन्तर्गत वाणिज्यिक नाशकजीव नियंत्रक संक्रियाओं के लिए कीटनाशियों का स्टॉक और उपयोग भी है (नियम 10 का उपनियम (3क) और (4) देखिए)

अनुज्ञप्ति संख्यांक 17

जारी दिनांक 13-06-2007

मैसर्स विकास कृषि सेवा केन्द्र अकोदिया रोड बस स्टेण्ड ग्राम पोलायकलां (प्रो.घनश्याम गोठी) पर स्थित परिसर पर (पिन कोड के साथ सम्पूर्ण पता) विकासखण्ड-शुजालपुर जिला शाजापुर (म0प्र0) निम्नलिखित कीटनाशी (कीटनाशियों) के खुदरा द्वारा विक्रय, स्टॉक या विक्रय के लिए प्रदर्शन या वितरण के लिए अथवा वाणिज्यिक नाशकजीव नियंत्रण संक्रियाओं को चलाये जाने के लिए अनुज्ञप्ति मैसर्स विकास कृषि सेवा केन्द्र अकोदिया रोड बस स्टेण्ड ग्राम पोलायकलां को प्रदान की जाती है जैसा विनिर्दिष्ट है:-

क्र.सं.	कीटनाशी का विवरण	पंजीकरण संख्यांक	अनुज्ञप्ति प्रदान करने की तारीख	वैधता
1				
2				
3				
4				

अनुज्ञप्ति कीटनाशी अधिनियम, 1968 के अधीन उपबंधों और तत्समय प्रवृत्त नियमों में विनिर्दिष्ट शर्तों और साथ ही नीचे विनिर्दिष्ट शर्तों के अध्यधीन होगी।

स्थान : शाजापुर

दिनांक : 29-01-2021

वैधता दिनांक : 31-12-2022

Dy Director of Agriculture  
अनुज्ञापक अधिकारी, शाजापुर  
& Licencing Authority  
महेश्वर (M.P.)  
Shajapur

### शर्तें

- 1- अनुज्ञप्ति परिसर के सह सदृश्य स्थान पर प्रदर्शित की जाएगी।
- 2- कीटनाशी को वाणिज्यिक नाशकजीव नियंत्रण संक्रियाओं में प्रयोग के लिए समय-समय पर पंजीकरण समिति के द्वारा अनुमोदित पैकेज के सिवाय विक्रय या विक्रय के लिए प्रदर्शित या वितरित अथवा जारी नहीं किया जाएगा।
- 3- यदि अनुज्ञप्तिधारी, अनुज्ञप्ति की विविधमान्यता के दौरान कोई अतिरिक्त कीटनाशी विक्रय या विक्रय के लिए प्रदर्शन या वितरण अथवा वाणिज्यिक नाशकजीव नियंत्रण संक्रियाओं के लिए प्रयोग करना चाहता है तो वह प्रत्येक ऐसे कीटनाशी के लिए विहीत फीस के भुगतान पर अनुज्ञप्ति जारी करने के लिए आवेदन कर सकेगा।
- 4- नाशकजीव नियंत्रक संक्रियाओं के लिए अनुज्ञप्ति के नवीकरण हेतु आवेदन कीटनाशी नियम 1971 के नियम 10 के उप नियम (3क) उल्लेखित उपबंधों के तहत किया जाएगा।
- 5- कोई अन्य शर्तें (शर्तें) अनुज्ञापक अधिकारी द्वारा विहीत की जा सकेगी।

Dy Director of Agriculture  
अनुज्ञापक अधिकारी, शाजापुर  
& Licencing Authority  
महेश्वर (M.P.)  
Shajapur

स्वालय नंबर 0401108/29-01-2021, रुपये 100/-)

शैक्षणिक योग्यता:- 12वीं

GOTAM PRAJAPATI

9406644484

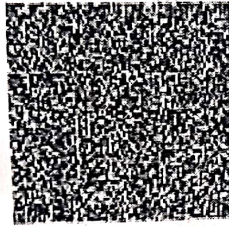


भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 1491/81015/07499

To  
घनश्याम गोठी  
Ghanshyam Gothi  
S/O: Kodermal Ji Gothi  
29/2  
ward no.14  
Hanuman gadi akodhya road  
pelay kalan  
Pagrawad Kalan  
Shajapur Madhya Pradesh - 465116  
9406644484



आपका आधार क्रमांक / Your Aadhaar No. :

**6994 4020 0413**

VID : 9140 8463 8878 5197

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



घनश्याम गोठी  
Ghanshyam Gothi  
जन्म तिथि/DOB: 02/01/1972  
लिंग/ GENDER: MALE

**6994 4020 0413**

VID : 9140 8463 8878 5197

मेरा आधार, मेरी पहचान



Government of India



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

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

- 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



पता:  
S/O: कडेरमल जी गोठी, 29/2, बर्ड नं 14, हनुमान गडी  
अकोधीया रोड, पेलाय कलान, पग्रावड कलान, राजपुर,  
मध्य प्रदेश - 465116

Address:  
S/O: Kodermal Ji Gothi, 29/2, ward no.14,  
Hanuman gadi akodhya road, pelay kalan,  
Pagrawad Kalan, Shajapur,  
Madhya Pradesh - 465116



**6994 4020 0413**

VID : 9140 8463 8878 5197

11247 | [Feedback@uidai.gov.in](mailto:Feedback@uidai.gov.in) | [www.uidai.gov.in](http://www.uidai.gov.in)

आयकर विभाग

INCOME TAX DEPARTMENT

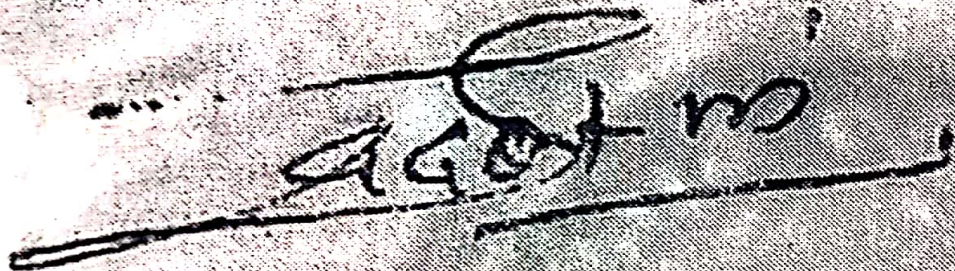
GHANSHYAM GOTHI

KODARMAL JI GOTHI

02/01/1972

Permanent Account Number

ARLPG5113A

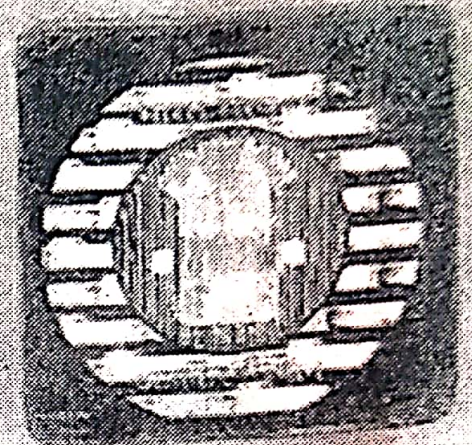


Signature



भारत सरकार

GOVT. OF INDIA






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

Registration Certificate

Registration Number : 23ARLPG5113A1ZJ

1.	Legal Name	GHANSHYAM GOTHI			
2.	Trade Name, if any	M/S VIKASH KRISHI SEWA KENDRA - POLAYKALAN			
3.	Constitution of Business	Proprietorship			
4.	Address of Principal Place of Business	7, BUS STAND, POLAY KALAN, Shajapur, Madhya Pradesh, 465116			
5.	Date of Liability	01/07/2017			
6.	Period of Validity	From	01/07/2017	To	NA
7.	Type of Registration	Regular			
8.	Particulars of Approving Authority				
Signature		Signature Not Verified Digitally signed by DS GOODS AND SERVICES TAX NETWORK 1 Date: 2018.07.18 03:29:38 IST			
Name					
Designation					
Jurisdictional Office					
9.	Date of issue of Certificate	18/07/2018			
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 deemed approval of application on 01/07/2017.

