



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

- 1) Name of the Organization* **MS/SAGAR KRISHI BHANDER**
- 2) Full Postal Address for correspondence*
Type of Location: Office Shop Godown Residence
Street Name
P.O **SAGAR SHIBPUR** District **SOUTH 24 PARGANAS**
State **WEST BENGAL** PIN Code **743372**
- 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
NRIPEN CHANDRA JANA
- 5) Telephone No:
Office /Shop Landline: (STD Code) _____
Residence Landline: (STD Code) _____
Mobile*: +91 **8167509434** WhatsApp Mobile: +91 **8167509434**
Email ID*: **nripenchandrajama@gmail.com**
- 6) Preferred mode of communication: Email Ph. Whatsapp
- 7) Income Tax Permanent Account No*: **ASPPJ0091D**
- 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 **19ASPPJ0091D1Z0**
- 11) Pesticide Licence No* **P16784** 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* **NRIPEN CHANDRA JANA**

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Nripen Chandra Jana.
Signature*

Date: **02/03/2023**

PART B: BUSINESS BACKGROUND OF APPLICANT

13) Year of Establishment: 2000

14) Number of years for which you are dealing in Pesticides / Micronutrients: 2018

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
/ NO			

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
/ NO			

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)*?

35

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

Type	Crop	Approx. Area	Approx. Volume
Field Crops	BETEL CULTIVATION	21	
Field Crops			
Field Crops			
Vegetables	TOMATO	2	
Vegetables			
Vegetables			
Others	PADDY	41	
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	DESTRO 71	20 G/S	50 G/S
Herbicides			
Fungicides	COSMIC 720	30 G/S	50 G/S
Fungicides	SPUR 907	20 G/S	50 G/S
Pesticides	CHAKKA	50 G/S	100 G/S
Pesticides	STRIKE 550	50 LTR	100 LTR
Micronutrients	ORGAMIN 7 HIGH GLNK PLUS	50 KG	100 KG
Micronutrients	GALAXY	500 KG	1000 KG

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	<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, 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, NRIPEN CHANDRA JANA acting on behalf of SAGAR 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

Nripen chandra jana,

(Signature of Representative of Distributor*)

SAGAR KRISHI BHANDER

Nripen chandra jana,
Proprietor

(Stamp of Distributor*)

Date: 02.03.2023

Place: SAGAR

Name of Company Official	Signature of Company Official
<u>Biswanath 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
Byomkesh Jana	



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

Sagar
D/RL - 265



Name of the concern: **MS/ SAGAR KRISHI BHANDER**
Letter of Authorization No. F04614
Date of Issue: 26/06/2018
Renewal with effect from 15/12/2020

Valid Upto: 14/12/2025

Received from M/s **MS/ SAGAR KRISHI BHANDER** a complete Memorandum of Intimation alongwith Form O, fee of Rs. 1250 by Reference /GRN bearing number **192020210128599591** dated **04/11/2020**, as **LOA for Retail Dealer for Subdivision : Diamond Harbour**.

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 : 006 , Dag no : 1546 , Khatian no : 2436 , Road : KACHUBERIA , Mouza : Kachuberia , Block : SAGAR , Subdivision :Diamond Harbour , District :South 24 Parganas , State :West Bengal

Storage details

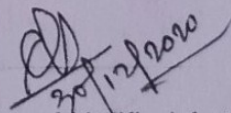
(1) Village : 006 , Dag no : 1546 , Khatian no : 2436 , Road : KACHUBERIA , Mouza : Kachuberia , Block : SAGAR , Subdivision :Diamond Harbour , District :South 24 Parganas , State :West Bengal

Annexure - B ('O' Form details)

Sl.	Company Name	Form number	Valid Upto	Fertilisers
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Place: _____ Dated : _____

Mr. Ripen Chandra Jana


(Signature of Notified Authority)
Asstt. Director of Agriculture (Admn.)
Diamond Harbour Sub-Divn., South 24 Pgs.

P-02

License No : P16784



FORM III

Govt. of West Bengal
Dept of Agriculture

office of the DDA (Admin) South 24 Parganas

LICENCE TO SELL, STOCK OR EXHIBIT FOR SALE OR DISTRIBUTE INSECTICIDES

[See sub-rules (4) of rule 10]

1. License Number **P16784**

Date of Issue: **09/06/2022**

License to **Sell,stock/exhibit for sale/distribution of insecticides** for District : **South 24 Parganas** in the premises situated at **Annexure - A**

is granted to -

M/s **NRIPEN JANA**

Name of the Applicant: **NRIPEN CHANDRA JANA**

Shop Address :

JI no : 006 , Dag no : 1546 , Khatian no : 2436 , Road : KACHUBERIA , Mouza : Kachuberia , Block : SAGAR , Subdivision :Diamond Harbour , District :South 24 Parganas , State :West Bengal

Email : **nripenchandrajana@gmail.com**

Mobile no : **9647319673**

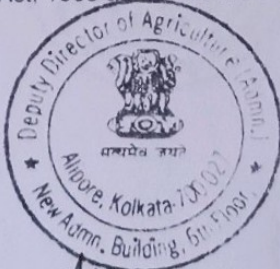
as specified here under:— **Annexure - B**

2. The insecticide(s) shall be **Sell,stock/exhibit for sale/distribution of insecticides** under the direction and supervision of the following expert staff:

(a) For **Sell,stock/exhibit for sale/distribution of insecticides** :
SUJAS JANA (Graduate with degree in Science with Chemistry/Zoology/Botany)

3. The licence is subject to such conditions as may be specified in the rules for the time being in force under the Insecticides

Act, 1968 as well as the conditions on the certificate of registration and others as stated below.



Place: Alipore Dated : 26/06/2022

nripen chandra jana

(Signature of the licensing officer)
Deputy Director of Agriculture
(Administration)
South 24 Parganas

Form GST CMP - 08

[See rule 62]

Statement for payment of self-assessed tax

Financial Year	2020-21
Quarter	Jan-Mar

1	GSTIN	19ASPPJ0091D1ZQ
2	(a) Legal name	NRIPEN CHANDRA JANA
	(b) Trade name	SAGAR KRISHI BHANDER
	(c) ARN	AA190321892773U
	(d) Date of filing	23-04-2021

3. Summary of self-assessed liability

(Net of advances, credit and debit notes and any other adjustment due to amendments etc.)

(Amount in ₹ in all tables)

Sr. No.	Description	Value (₹)	Integrated tax (₹)	Central tax (₹)	State/UT tax (₹)	Cess (₹)
1	Outward supplies (including exempt supplies)	380203.00		1901.00	1901.00	
2	Inward supplies attracting reverse charge including import of services	0.00	0.00	0.00	0.00	0.00
3	Tax payable (1 + 2)	380203.00	0.00	1901.00	1901.00	0.00
4	Interest payable, if any		0.00	0.00	0.00	0.00
5	Tax & interest paid		0.00	1901.00	1901.00	0.00

Nripen Chandra Jana,

4. Verification

I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card


ASPPJ0091D



नाम / Name
NRIPEN CHANDRA JANA

पिता का नाम / Father's Name
SHRIPATI CHANDRA JANA

जन्म की तारीख / Date of Birth
09/10/1963


हस्ताक्षर / Signature



20072017

इस कार्ड के खोने/पाने पर कृपया सूचित करें/सीटारें:
आयकर पैन सेवा इकाई, एन एन डी एल
5 वीं मंजिल, मंत्री स्टर्लिंग,
प्लॉट नं. 341, सर्वे नं. 997/8,
मॉडल कॉलोनी, दीप बंगला चौक के पास,
पुणे - 411 016.

*If this card is lost / someone's lost card is found,
please inform / return to :*

Income Tax PAN Services Unit, NSDL
5th Floor, Mantri Sterling,
Plot No. 341, Survey No. 997/8,
Model Colony, Near Deep Bungalow Chowk,
Pune - 411 016.

Tel: 91-20-2721 8080, Fax: 91-20-2721 8081
e-mail: tininfo@nsdl.co.in

Niripen Chandra Jana



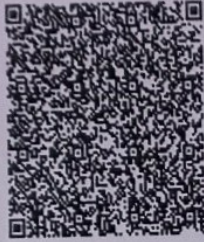
ভারত সরকার
Government of India

ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ
Unique Identification Authority of India

আনুষ্ঠানিক নম্বর/ Enrolment No.: 2992/14002/72332

To
নৃপেন চন্দ্র জানা
Nripen Chandra Jana
C/O Nripen Chandra Jana
SAGAR SHIBPUR
pakhirala
Kachuberia
South Twenty Four Parganas West Bengal - 743373
8167509434

Signature valid



আপনার আধার সংখ্যা / Your Aadhaar No. :

5275 5905 1397

VID : 9110 6406 5329 9713

আমার আধার, আমার পরিচয়



ভারত সরকার
Government of India



নৃপেন চন্দ্র জানা
Nripen Chandra Jana
জন্মতারিখ/DOB: 12/01/1963
পুরুষ/ MALE

5275 5905 1397

VID : 9110 6406 5329 9713

আমার আধার, আমার পরিচয়



Government of India



তথ্য

- আধার পরিচয়ের প্রমাণ, নাগরিকত্বের প্রমাণ নয়
- নিরাপদ কিউআর কোড / অফলাইন XML / অনলাইন প্রমাণীকরণ ব্যবহার করে পরিচয় যাচাই করুন।
- এটা এক ইলেক্ট্রনিক প্রক্রিয়াজাত তৈরী পত্র

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.

- আধার সারা দেশে মান্য
- আধার আপনাকে বিভিন্ন সরকারী ও বেসরকারী পরিসেবা প্রাপ্তিতে সাহায্য করে।
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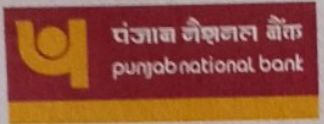
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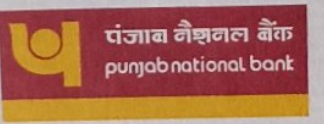
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