



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* **SNEHALATA KRISHI BHANDAR**
- Full Postal Address for correspondence*:
Type of Location: Office Shop Godown Residence
Street Name **GANGASAGAR**
P.O **BISHNUPUR** District **SOUTH 24 PARGANAS**
State **WEST BENGAL** PIN Code **743373**
- Nature of the Entity*: Sole Proprietorship Partnership Private Limited Co.
Cooperative/ Society Others (Specify) _____
- Name of Representative*: Proprietor / Managing Partner / Director / Authorised Signatory
GOUTAM BAG
- Telephone No:
Office /Shop Landline: (STD Code)
Residence Landline: (STD Code)
Mobile*: +91 **9933923696** WhatsApp Mobile: +91 **9933923696**
Email ID*: **b2a2a0utam1984@gmail.com**
- Preferred mode of communication: Email Ph. Whatsapp
- Income Tax Permanent Account No*: **BHFP08493R**
- Is the applicant registered under GST*: Yes / No
- If yes, is the applicant registered under Composite Scheme of GST : Yes / No
- GST No **19BHFP08493R1ZF**
- Pesticide Licence No* **P08133** Valid Up to* / /
Issued By
- Micronutrient Licence No* Valid Up to* / /
Issued By

Signature and Photograph of Person Authorized to Represent the Applicant



Name* **GOUTAM BAG**

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Goutam Bag
Signature*

Date:

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
			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)*?

SAGAR

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

Type	Crop	Approx. Area	Approx. Volume
Field Crops	<u>BETEL CULTIVATION</u>	<u>30</u>	
Field Crops			
Field Crops			
Vegetables	<u>TOMATO</u>	<u>4</u>	
Vegetables			
Vegetables			
Others	<u>PADDY</u>	<u>42</u>	
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	<u>DESTRO 71</u>	<u>20 G/S</u>	<u>50 G/S</u>
Herbicides			
Fungicides	<u>COSMIC 720</u>	<u>30 G/S</u>	<u>50 G/S</u>
Fungicides	<u>SPUR 902</u>	<u>20 G/S</u>	<u>50 G/S</u>
Pesticides	<u>CHAKKA</u>	<u>30 G/S</u>	<u>70 G/S</u>
Pesticides	<u>STRIKE 1550</u>	<u>50 LTR</u>	<u>100 LTR</u>
Micronutrients	<u>ZINOVIT</u>	<u>30 G/S</u>	<u>50 G/S</u>
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 BANDHAN BANK

Name & address of Branch MANASADWIP BRANCH

IFSC Code of Branch BDBL0001212

Account No 10170002352814 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	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, _____ acting on behalf of _____
 (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

Goutam Bag
 (Signature of Representative of Distributor*)

SNEHALATA KRISHI BHANDER
Goutam Bag
 Proprietor
 (Stamp of Distributor*)

Date: 16/02/23

Place: Radhakrishna Pur.

Name of Company Official	Signature of Company Official
Biswanath Panda	B. Panda

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
<i>Byomkesh Janga</i>	



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

Registration Certificate

Registration Number :19BHFPB8493R1ZF

1.	Legal Name	GOUTAM BAG			
2.	Trade Name, if any	SNEHALATA KRISHI BHANDER			
3.	Constitution of Business	Proprietorship			
4.	Address of Principal Place of Business	BISHNUPUR, BISHNUPUR, GANGASAGAR COSTAL, SAGAR, South 24 Parganas, West Bengal, 743373			
5.	Date of Liability				
6.	Period of Validity	From	10/08/2017	To	NA
7.	Type of Registration	Regular			
8.	Particulars of Approving Authority				
Signature					
Name					
Designation					
Jurisdictional Office					
9.	Date of issue of Certificate	10/08/2017			
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 deemed approval of the application for registration

Goutam Bag

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

GOUTAM BAG
BIRENDRA NATH BAG
12/07/1984
Permanent Account Number
BHFPB8493R
Goutam Bag
Signature



In case this card is lost / found, kindly inform / return to :
Income Tax PAN Services Unit, 5/10/01,
Plot No. 3, Sector 11, CBD Belapur,
Navi Mumbai - 400 614.
आयकर विभाग, पैन सेवा युनिट, 5/10/01,
प्लॉट नं. 3, सेक्टर 11, सीडी बेलपुर,
नवी मुंबई - 400 614

Goutam Bag



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 **P08133** Digitized License for **DH/94/155/12-13 S/24 - PGS**
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 **GOUTAM BAG**

Shop Address :

JI no : 34 , Dag no : 84 , Khatian no : 395 , Road : RADHAKRISHNAPUR ROOD , Mouza : Bishnupur , Block : SAGAR , Subdivision :Diamond Harbour , District :South 24 Parganas , State :West Bengal

Email : **baggoutam1984@gmail.com**

Mobile no : **9933923696**

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

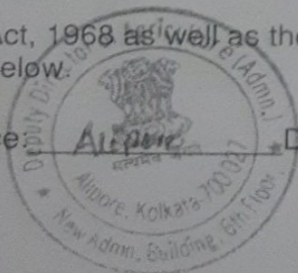
2. The insecticide(s) shall be **Sell,stock/exhibit for sale/distribution of insecticides** under the direction and supervision of the following expert staff:

(a) For **Sell,stock/exhibit for sale/distribution of insecticides** :
GOUTAM BAG (1 Year diploma course in Agriculture/ Horticulture)

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



Dated : 14/01/2020

Goutam Bag

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

FORM 'A1'

MEMORANDUM OF INTIMATION

[See Clause 8(2)]

1. Details of application:

- (a) Name of the applicant Goutam Bag , Proprietor
 (b) Name of the concern SNEHALATA KRISHI BHANDAR
 (c) Postal address with telephone number Bishnupur, P.O - Bishnupur, P.S - Sagar, PIN - 743373
 (d) Mobile number 9933923696
 (e) Existing Licensing Number D/RL-319/Sagar/2017-20
 (f) Date Of Issue 16/12/2017
 (g) Valid Upto 26/12/2020
 (h) mFMS id 462745

2. Place of business (Please give full address):

(i) For Sale

Jl no	34
Dag no	84
Khata no	395
Road	Bishnupur Road
Mouza	Bishnupur
Block	SAGAR
Subdivision :	Diamond Harbour
District	South 24 Parganas
State	West Bengal

(ii) For Storage

Details attached on Annexure - A

3. Whether the application is for :

LOA for Retail Dealer for Subdivision

4. Details of fertilizer and their source in Form 'O' : Details attached on Annexure - B

5. Payment Not Applicable for Digitization of old license

6. Any other relevant information

Place: _____ Dated : ___/___/___

Signature of Applicant

Goutam Bag



ভারত সরকার

Government of India

জাতিকাত্তির নম্বর/Enrolment No.: 2189/70302/00461

To
গৌতম বাগ
Goutam Bag
S/O Birendranath Bag
SAGAR
Bishnupur
South Twenty Four Parganas Sagar Bishnupur
West Bengal - 743373
9933923696

Download Date: 06/03/2017
Generation Date: 18/02/2017

Signature valid



আপনার আধার সংখ্যা / Your Aadhaar No. :

9438 6144 3541

আমার আধার, আমার পরিচয়



ভারত সরকার
Government of India



গৌতম বাগ
Goutam Bag
জন্মতারিখ / DOB: 26/08/1981
পুরুষ / MALE

9438 6144 3541

আমার আধার, আমার পরিচয়



তথ্য

- আধার পরিচয়ের প্রমাণ, নাগরিকত্বের প্রমাণ নয়
- পরিচয়ের প্রমাণ অনলাইন অথেন্টিকেশন দ্বারা লাভ করুন
- এটা এক ইলেক্ট্রনিক প্রক্রিয়ায় তৈরী পত্র

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

- আধার সারা দেশে মান্য।
- আধার ভবিষ্যতে সরকারী ও বেসরকারী পরিষেবা প্রাপ্তির সহায়ক হবে।
- Aadhaar is valid throughout the country .
- Aadhaar will be helpful in availing Government and Non-Government services in future .



সংস্করণ প্রাধিকরণ
Unique Identification Authority of India

ঠিকানা:
S/O বীরেন্দ্রনাথ বাগ, সাগর,
বিশ্বনুপুর, দক্ষিণ ২৪ পরগণা,
পশ্চিমবঙ্গ - 743373

Address:
S/O Birendranath Bag, SAGAR,
Bishnupur, South Twenty Four
Parganas,
West Bengal - 743373

9438 6144 3541



help@uidai.gov.in

www.uidai.gov.in

Goutam Bag



Manasdwip
Manasdwip - 743373
IFS Code : BDBL0001212

VALID FOR THREE MONTHS FROM THE DATE OF ISSUE

DDMMYYYY

Pay UACI CROPSCIENCE PRIVATE LIMITED

या धारक को Or Bearer

रुपये Rupees

अदा करें ₹

A/c No. 10170002352814

Payable at par at all branches
सभी शाखाओं में समतुल्यपर देय

SNEHALATA KRISHI BHANDER
SNEHALATA KRISHI BHANDER
Goutam Bag
Proprietor/Authorised Signatory
कृपया ऊपर हस्ताक्षर करें Please sign above

⑈000 20 3⑈ 700 7 500 50⑈ 0090 30⑈ 29



Manasdwip
Manasdwip - 743373
IFS Code : BDBL0001212

VALID FOR THREE MONTHS FROM THE DATE OF ISSUE

DDMMYYYY

Pay UACI CROPSCIENCE PRIVATE LIMITED

या धारक को Or Bearer

रुपये Rupees

अदा करें ₹

A/c No. 10170002352814

Payable at par at all branches
सभी शाखाओं में समतुल्यपर देय

SNEHALATA KRISHI BHANDER
SNEHALATA KRISHI BHANDER
Goutam Bag
Proprietor/Authorised Signatory
कृपया ऊपर हस्ताक्षर करें Please sign above

⑈000 20 2⑈ 700 7 500 50⑈ 0090 30⑈ 29



Manasdwip
Manasdwip - 743373
IFS Code : BDBL0001212

VALID FOR THREE MONTHS FROM THE DATE OF ISSUE

DDMMYYYY

Pay UACI CROPSCIENCE PRIVATE LIMITED

या धारक को Or Bearer

रुपये Rupees

अदा करें ₹

A/c No. 10170002352814

Payable at par at all branches
सभी शाखाओं में समतुल्यपर देय

SNEHALATA KRISHI BHANDER
SNEHALATA KRISHI BHANDER
Goutam Bag
Proprietor/Authorised Signatory
कृपया ऊपर हस्ताक्षर करें Please sign above

⑈000 20 1⑈ 700 7 500 50⑈ 0090 30⑈ 29