

केनरा बैंक  Canara Bank

SHONEPURHAT
SOUTH 24 PARGANAS DIST, WEST BENGAL - 700135
IFSC : CNRB0001754 MULTI- CITY CA

Valid for three months only from the date of instrument

DDMMYYYY

Pay Universal Agro Chemical Industries या धारक को or Bearer

Rupees रुपये

अदा करें ₹

A/c. No. 120001217033

DIN MOHAMMAD KRISHI BIPANI

621275

Payable at par at all our branches in India

MD Salman Laskar
M/S-DIN MOHAMMAD KRISHI BIPANI
Prop : MD SALMAN LASKAR
VILL- CHINIPUKUR, P.O- SHONPUR
DIST- 24 PGS. (S), PIN- 700136 (KOL)

⑈621275⑈ 700015504⑈ 000533⑈ 29

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UNIVERSAL AGRO CHEMICAL INDUSTRIES

16 No., India Exchange Place, 3rd Floor, Room No. 6,
Kolkata - 700001, West Bengal, India
Website: www.universalsaghi.net

APPLICATION FOR DISTRIBUTORSHIP PART A: Basic Information of Applicant

- Name of the Organization: UNIVERSAL AGRO CHEMICAL INDUSTRIES
- Full Postal Address (or correspondence):
Type of Location: Office Shop Godown Residence
Street Name _____
P.O. SHAHNUPURA District SOCLETAH RAJSHAHI
State WESTBENGAL PIN Code 746013BT
- Nature of the Entity: Sole Proprietorship Partnership Private Limited Co.
Cooperative/Society Others (Specify) _____
- Name of Representative: Proprietor / Managing Partner / Director / Authorised Signatory
SALMAN ZAKARIA
- Telephone No: _____
Office /Shop Landline: (STD Code) _____
Residence Landline: (STD Code) _____
Mobile* +91 9829271119 WhatsApp Mobile: +91 9829271119
Email ID*: salmanz@univagro.com
- Preferred mode of communication: Email Ph WhatsApp
- Income Tax Permanent Account No*: BAUP21172A
- Is the applicant registered under GST? Yes / No
- If yes, is the applicant registered under Composite Scheme of GST: Yes / No
- GST No 19BAUP21172A1ZU Valid Up to: ___/___/___
- Pesticide Licence No* PI121131 Valid Up to: ___/___/___
Issued By: _____
- Micro Nutrient Licence No* EQSRT2 Valid Up to: ___/___/___
Issued By: _____

Signature and Photograph of Person Authorized to Represent the Applicant



Name: _____

Gender: Male Female

Relationship with applicant*: Owner Partner Director Others

MD Salman Zakaria
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)*?

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

Type	Crop	Approx. Area	Approx. Volume
Field Crops			
Field Crops	CABBAGE		
Field Crops	TOMATO		
Vegetables	CHILI		
Vegetables	LEMON		
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	100 LTR	100 LTR
Herbicides	50 LTR	100 LTR
Fungicides	50 KG	100 KG
Fungicides	50 KG	100 KG
Pesticides	100 LTR	100 LTR
Pesticides	50 LTR	100 LTR
Micronutrients	50 LTR	100 LTR
Micronutrients	50 KG	100 KG

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

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>Vyomkesh Juna</i>	

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, M/S DIN MOHAMMAD KRISHI BIPANI acting on behalf of MD SALMAN LASKAR
 (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

MD Salman Laskar
 (Signature of Representative of Distributor*)

MD Salman Laskar
 (Stamp of Distributor*)

M/S-DIN MOHAMMAD KRISHI BIPANI

Prop : MD SALMAN LASKAR

**VILL- CHINIPUKUR, P.O- SHONPUR
 DIST.- 24 PGS. (S), PIN- 700135 (KOL)**

Date:

Place:

Name of Company Official	Signature of Company Official
<u>Biswanath Panda</u>	<u>B. Panda</u>

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 or 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, if 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



- আধার পরিচয়ের প্রমাণ, নাগরিকত্বের প্রমাণ নয়।
- পরিচয়ের প্রমাণ অনলাইন প্রমাণীকরণ দ্বারা লাভ করুন।

দ্রষ্টব্য : শিশুর বয়স 15 বছর হলে বায়োমেট্রিক তথ্যের নবীকরণ আবশ্যিক।

INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.

Note: Children on attaining 15 years of age need to update biometric information.

- আধার সারা দেশে মান্য।
- আধার শুধুমাত্র 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.

27W / 638418



ভারতীয় বিশিষ্ট পশ্চিম প্রাধিকরণ
Unique Identification Authority of India

ঠিকানা: শোনপুর, শোনপুর, দোদপুত্র, Address: Shonepur, Shonepur,
পশ্চিম ২৪ পরগনা, শোনপুর, পশ্চিম Sonpur, South 24 Parganas,
বঙ্গ, 700135 Sonpur, West Bengal, 700135

8949 6416 1304

1817
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in



ভারতীয় বিশিষ্ট পশ্চিম প্রাধিকরণ
ভারত সরকার
Unique Identification Authority of India
Government of India

ভাণ্ডারিকৃত আই ডি / Enrollment No 1040/20374/99037

To:
মেড সালমান লস্কর
Md Salman Laskar
Shonepur Shonepur
Sonpur
Sonapur Bhangar - II South 24 Parganas
West Bengal 700135

18/11/2014

Ref: 5938 / 27W / 638418 / 638774 / P



SE323620059FT



আপনার আধার সংখ্যা / Your Aadhaar No. :

8949 6416 1304

আধার - সাধারণ মানুষের অধিকার



ভারত সরকার
Government of India



মেড সালমান লস্কর
Md Salman Laskar
পিতা : জাহাঙ্গীর লস্কর
Father : JAHANGIR LASKAR
জন্মতারিখ / DOB : 06/02/2003
পুংলব / Male



8949 6416 1304

আধার - সাধারণ মানুষের অধিকার

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT OF INDIA

स्थायी लेखा संख्या कार्ड
 Permanent Account Number Card

BJUPL7172A




धारक का नाम / Name
MD SALMAN LASKAR

पिता का नाम / Father's Name
JAHANGIR LASKAR

जारी की तिथि / Issue Date
06/02/2003

धारक की हस्ताक्षर / Signature

110999



In case this card is lost / found, kindly inform / return to :
Income Tax PAN Services Unit, UTHISI,
Plot No. 3, Sector 11, CBD Hazipur,
East Mumbai - 400 614.

इस कार्ड के लोने/पाने पर कृपया सूचित करें/सीधारे :
आयकर सेवा सेवा युनिट, UTHISI,
प्लॉट नं. 3, सेक्टर 11, सीडी बी हज़ीपुर,
पूरी मुंबई - 400 614.


Keyfax Stamp's Number
For Income Tax Related
Queries call Toll Free No.
1901
or
0201001901



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

Registration Certificate

Registration Number : 19BJUPL7172A1ZU

1.	Legal Name	MD SALMAN LASKAR			
2.	Trade Name, if any	M/S DIN MOHAMMAD KRISHI BIPANI			
3.	Constitution of Business	Proprietorship			
4.	Address of Principal Place of Business	NIL, SONPUR, CHHIPUKUR, Sonpur, South Twenty Four Parganas, West Bengal, 700135			
5.	Date of Liability				
6.	Period of Validity	From	22/05/2022	To	Not Applicable
7.	Type of Registration	Regular			
8.	Particulars of Approving Authority	Centre			
Signature		Signature Not Verified Digitally signed by DG GOODS AND SERVICES TAX NETWORK(4) Date: 2022.05.22 14:30:12 IST			
Name		Probir Kumar Ghosh			
Designation		Superintendent			
Jurisdictional Office		SALT LAKE			
9. Date of issue of Certificate		22/05/2022			
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 approval of application granted on 22/05/2022 by the jurisdictional authority.

P-142



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 P16131

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 M/S DIN MOHAMMAD KRISHI BIPANI

Name of the Applicant: MD SALMAN LASKAR

Shop Address :

JI no : 63 , Dag no : 353 , Khatian no : 1546 , Road : BHANGAR 91 ROAD CHINIPUKUR , Mouza : Shonpur , Block : BHANGORE - II , Subdivision : BARUIPUR , District : South 24 Parganas , State : West Bengal

Email : laskarmdsalman833@gmail.com

Mobile no : 8327416908

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 :

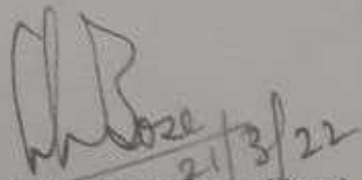
M/S DIN MOHAMMAD KRISHI BIPANI (1 Year diploma course in Agriculture/ Horticulture)

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: Alipore Dated: 21/03/2022


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



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

Name of the concern: M/S DIN MOHAMMAD KRISHI BIPANI
Name of the Applicant: MD SALMAN LASKAR
Letter of Authorization No. F45877
Date of Issue: 07/04/2022

Valid Upto: 05/04/2027

Received from M/s M/S DIN MOHAMMAD KRISHI BIPANI a complete Memorandum of Intimation alongwith Form O, fee of Rs. 1250 by Reference /GRN bearing number 192021220090837248 dated 02/10/2021, as LOA for Retail Dealer for Subdivision : BARUIPUR .

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 : 63 , Dag no : 353 , Khatian no : 1546 , Road : BHANAGAR 91 ROAD CHINIPUKUR MOR , Mouza : Shonpur , Block : BHANGORE - II , Subdivision : BARUIPUR , District : South 24 Parganas , State : West Bengal

Storage details

(1) Jl no : 63 , Dag no : 353 , Khatian no : 1546 , Road : BHANGAR 91 ROAD CHINIPUKUR , Mouza : Shonpur , Block : BHANGORE - II , Subdivision : BARUIPUR , 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: _____

Signature 7/04/2022
(Signature of Notified Authority)

Assistant Director of Agriculture
(Administration)
Baruipur Sub-Division,
South 24 Pgs.

STATEMENT OF ACCOUNT

CANARA BANK
Account Branch
IFSC
MICR

1754-SHONEPURHAT 700135
CNRB0001754
700015504

DATE: 24-06-22 12:40:54 PM

Account No
Product Name
Customer ID
Customer Name
Address

120001217033
CANARA PRIVILEGE
310100335
Messrs: DIN MOHAMMAD KRISHI BIPANI
CHINIPUKUR MORE
PO SHONEPUR
PS KASHIPUR
KOLKATA
WEST BENGAL
IN
700135

Nominee Reference num:
Nominee Name
Account Title
Joint Holder's/Authorised
Person's Name

99902452897
JAHANGIR LASKAR
DIN MOHAMMAD KRISHI BIPANI

Period:
Name Currency:
Swift code:

01-01-2022 To 24-06-2022
INDIAN RUPEES
CNRBIN888FD

TRANS DATE	VALUE DATE	BRANCH	REF/CHQ.NO	DESCRIPTION	WITHDRAWS	DEPOSIT	BALANCE
01-JAN-22	01-JAN-22	0		B/F ...	0.00	0.00	0.00
10-MAY-22	10-MAY-22	1754	000000000000	CASH DEPOSIT SALMAN SHONEPURHAT	0.00	110,000.00	110,000.00
19-JUN-22	19-JUN-22	1754		SMS ALERT CHARGES CA	30.00	0.00	109,970.00

Statement Summary :

Opening Balance	Total Debit Amount	Total Credit Amount	Debit Count	Credit Count	Closing Balance	Unclear Balance	Sweep-in Balance
0.00	30.00	110,000.00	1	1	109,970.00	0.00	0.00

UNLESS THE CONSTITUENT BRINGS TO THE NOTICE OF THE BANK ANY DISCREPANCIES / OMISSION/ ERRORS/ UNAUTHORISED DEBITS IMMEDIATELY, THE ENTRIES IN SUCH PASS SHEET SHALL BE DEEMED AS CORRECT AND SHALL BIND THE CONSTITUENT FOR ALL PURPOSE AND INTENTS.
BEWARE OF PHISHING ATTACKS THROUGH EMAILS AND FAKE WEBSITES.

IMB FACILITY USERS ARE REQUESTED TO NOTE THAT CANARA BANK DOES NOT SEEK ANY INFORMATION THROUGH EMAIL. DO NOT CLICK ON ANY LINK WHICH HAS COME THROUGH EMAIL FROM UNEXPECTED SOURCES. IT MAY CONTAIN MALICIOUS CODE OR COULD BE AN ATTEMPT TO "PHISH".
ALWAYS LOGIN THROUGH WWW.CANARABANK.IN. PLEASE BEWARE OF PHISHING.
CHANGE IN THE ADDRESS OF ACCOUNT HOLDER/PA HOLDER, IF ANY, MAY PLEASE BE INFORMED TO THE BRANCH ALONG WITH ADDRESS PROOF.

"DO NOT SHARE ATM PIN NUMBER, ACCOUNT DETAILS, OTP TO OUTSIDERS, EMAILS ETC"

M/S DIN MOHAMMAD KRISHI BIPANI

PROP - MD SALMAN LASKAR

VILL - CHINIPUKUR, P.O - SHONEPUR, P.S - KASHIPUR DIST - 24 PGS (S), PIN - 700135 (KOL)

SUPPLIERS ALL KIND OF FERTILIZER AND PESTICIDES

Approved by Govt. Of West Bengal

Gm@il - laskarmdsalman833@gmail.com Mobile - 6295925986

TYPE YOUR LETTER HERE.

DATE - 02/07/2022

To,
The Manager,
Canara Bank
Shonpurhat Branch
Shonepur, Bhangar. (700135)

Sir,
I am Md. Salman Laskar, Son of Jahangir Laskar.
My current A/c name - 'DIN MOHAMMAD KRISHI BIPANI'
A/c no: 120001217033 I appeal to verify my
signature mention below.



NAME - MD Salman Laskar

Signature With Seal...

M/S-DIN MOHAMMAD KRISHI BIPANI
Prop : MD SALMAN LASKAR
VILL-CHINIPUKUR, P.O-SHONPUR
DIST-24 PGS (S), PIN-700135 (KOL)