

Particulars
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	4 Mandatory fields on Page 4 filled up		
5	4 Mandatory fields on Page 6 filled up		
	Signature of representative affixed on Page 1		
	Photograph of representative added 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:		

Estimated Business Volume for this FY (in Rs Lakhs)	10 Lakh.
Limit Required (in Rs Lakhs)	4 Lakh.

By: (all forms have to be approved by respective GICs)

Company Official	Signature of Company Official
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Urdu's Tarun

15. The Distributor paying through cheque must ensure that the cheque issued by him is not dishonoured. When the company is notified that the cheque is drawn, dishonoured the cheque for reasons related to the account of the company will levy a cheque Dishonor charge on the Distributor without prejudicing its right to recover the amount for such dishonor.
16. The company will provide a standard credit period of 90 days from the date of the invoice. The company may vary interest on overdue payments applicable to 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 Return 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 a registered email or through any other preferred mode of communication. However, the Distributor can ask for updated account statement at any time by sending email at customer.care@universalagri.in or by calling 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 a registered email or through any other preferred modes of communication. The Distributor is required to review 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 T
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.

Binit Biswas
(Name of Representative*)

acting on behalf of Madhusudan Panja
(Name of Distributor*)

hereby acknowledge that

- I have read, understood and agreed to all the terms and conditions of business
- All information provided in this form as well as in the enclosed documents, if any, are provided by me and are the best of my knowledge and understanding

Madhusudan Panja

(Signature of Representative of Distributor*)

(Stamp of Distributor*)

Date: 05-11-2021

Place: Kurior

Name of Company Official	Signature of Company Official
<u>Anup Kumar Rath.</u>	<u>Amit Panda</u>

PART D: FINANCIAL INFORMATION OF APPLICANT

30) Primary Bank Account of Business*:

Name of the Bank SBI
 Name & address of Branch KHEHUA POB7-SIRISA
 IFSC Code of Branch SBIIN0008862
 Account No 32810214357 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) _____
 Security Deposit* of Rs. 10000 paid through Cheque No. 330809 / RTGS

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

If Yes, approx. size _____ Address: _____

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

34) If Yes, approx. size 700sqft Address: _____

35) Number of staff employed by the applicant no

36) Does the applicant own any 2-wheeler? Yes / No

If Yes, Number of such vehicles _____ used for Business / Personal / Both

37) Does the applicant own any 4-wheeler? Yes / No

If Yes, Number of such vehicles _____ used for Business / Personal / Both

38) Brief details of property owned by the applicant*:

Does the applicant own any land parcels? Yes / No

Does the applicant own any house property? Yes / No

Part E: List of Documents to be Provided

Signed, sealed and dated Distributorship Form along with the following mandatory documents	
For Proprietorship	1. Signed copy of ID Proof (Aadhaar Card/ Passport/ Driving License) 2. Signed copy of Address Proof (Aadhaar Card/ Passport) 3. Signed copy of PAN 4. Signed copy of GST Certificate (if applicable) 5. Signed copy of Pesticide License 6. Signed copy of Micronutrient License 7. Statement of primary bank account(s) of business evidencing debit and credit transactions, for the last 3 months
Additional documents for Partnership Firm	8. Signed copy of registered partnership deed 9. Authorization from all partners allowing representative to act and sign on behalf of the firm
Additional documents for Private Limited Company	7. Signed copy of Memorandum and Articles of Association 8. BOD resolution allowing representative to act and sign on behalf of the

Customer Care

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

Phone No: +91 7410040857 / 8336929010

Khetua (Kashpur Block)

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

Type	Crop	Approx. Area	Approx. Volume
Field Crops	Paddy		4 lakh
Field Crops			
Field Crops			5 lakh
Vegetables	Potato		
Vegetables			
Vegetables			1 lakh
Others	Cucumber, Jhinda		
Others	Laba,		
Others			

24) Which are the key Herbicides sold in this area?

Molecules	Crops	Key Brands	Approx. Volume
Metolachlor, Carbofent	Field	Metolachlor, Carbofent	
Carbofent	Paddy	Carbofent	
Metolachlor	Paddy	Metolachlor	
Metribuzin	Potato	Metribuzin	

25) Which are the key Fungicides sold in this area?

Molecules	Crops	Key Brands	Approx. Volume
Hexaconazole, Veluthacin	Paddy		
Mancozeb, Demethob	Potato		
Erimoxane, Carbendazim	Vegetable		

6) Which are the key Pesticides sold in this area?

Molecules	Crops	Key Brands	Approx. Volume
Chloro cyfler	Paddy	HAMLA	2 KL
ACIPHATE	PADDY	STARTHENE	5 M.T.
MANCOZEB	POTATO	UTHANE	10 M.T.
HEXA CONAZOLE	PADDY	HEXA CONE	5 KL

7) Which are the key Micronutrients/ Crop supplements sold in this area?

Products	Crops	Key Brands	Approx. Volume
NASA ORGANIC	POTATO	NASA GOLD	5 M.T.
ORGANIC	"	FULL DOSE	5 M.T.
ORGANIC	"	PAUSAAK	2 KL

8) What is your sales plan for our products in the near future*?

Name of the Product	Quantity	
	Year 1	Year 2
Herbicides BUZZ, Quick	} 10 Lakh	} 20 Lakh
Herbicides OBLIT, Desto H.		
Fungicides Utham, Unimax, Hexapen		
Fungicides Mycoplus, Metalus		
Pesticides Starline 550, Bitone, Luna		
Pesticides CHAKKA, DANCARA		
Micronutrients GALAXY, ZOOM		
Micronutrients CHAKA CHAK, Gold Power		

Please share if you have any suggestions to improve business

Farouq Muly, Pulindy, Demons braban

PART B: BUSINESS BACKGROUND OF APPLICANT

- 13) Year of Establishment: 2012
- 14) Number of years for which you are dealing in Pesticides / Micronutrients: 21
- 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
<u>Khetna, Amroha, Tehri, Tonk, Kota</u>	<u>10 Lakh</u>		1. <u>Subra - J</u> 2. <u>Santa - San</u> 3. <u>Santib - JH</u>
			1. <u>Tajm - Sm</u> 2. <u>Alpawzit</u> 3. <u>Sadash - B</u>
			1. <u> </u> 2. <u> </u> 3. <u> </u>

- 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
- _____
- _____



APPLICATION FOR DISTRIBUTORSHIP

PART A: Basic Information of Applicant

Name of the Organization* MADHUSUDAN-PARIA

Full Postal Address for correspondence*:

Type of Location: Office Shop Godown Residence

Street Name VILL-KANIOR

P.O. SIRSHA District PASCHIMMEDINIPUR

State WEST-BENGAL PIN Code 721260

Nature of the Entity*: Sole Proprietorship Partnership Private Limited Co.

Cooperative/ Society Others (Specify) _____

Name of Representative*: Proprietor / Managing Partner / Director / Authorised Signatory

Telephone No:

Office /Shop Landline: (STD Code)

Residence Landline: (STD Code)

Mobile*: +91 9679189575 WhatsApp Mobile: +91 9679189575

Email ID*: po@madhusudan65@gmail.com

Preferred mode of communication: Email Ph. Whatsapp

Income Tax Permanent Account No*: DWAPP1076L

Is the applicant registered under GST*: Yes / No

If yes, is the applicant registered under Composite Scheme of GST: Yes / No

GST No

Pesticide Licence No* P13653 Valid Up to* 01/01/2023

Issued By

Fertilizer Licence No* Valid Up to*

Issued By

Signature and Photograph of Person Authorized to Represent the Applicant



Fix photograph*

Name* MADHUSUDAN-PARIA

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Madhusudan Paria
Signature*

Date: 05/11/2022

Signature of Paria