



UNIVERSAL AGRO CHEMICAL INDUSTRIES

18 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

- 1) Name of the Organization* SUSOMA DAS
- 2) Full Postal Address for correspondence*:
Type of Location: Office Shop Godown Residence
Street Name VILLI-CHANICAL DAKSIN PARA KUNDU
COMPLEX
P.O. CHANICAL District MALDA
State WEST BENGAL PIN Code 732113
- 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
SUSOMA DAS
- 5) Telephone No:
Office /Shop Landline: (STD Code)
Residence Landline: (STD Code)
Mobile*: +91 8373015958 WhatsApp Mobile: +91 8373015958
Email ID*: hammaydaschl@gmail.com
- 6) Preferred mode of communication: Email Ph. Whatsapp
- 7) Income Tax Permanent Account No*: BXLPD1445F
- 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 19BXLPD1445F124
- 11) Pesticide Licence No* P01072 Valid Up to* LI / FE / TUNE
Issued By 08-08-2020
- 2) Micronutrient Licence No* Valid Up to* / /
Issued By

Signature and Photograph of Person Authorized to Represent the Applicant



Name* SUSOMA DAS

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Susoma Das
Signature*

Date: 05 / 10 / 2021

PART D: FINANCIAL INFORMATION OF APPLICANT

30) Primary Bank Account of Business*:

Name of the Bank BANK OF INDIA
 Name & address of Branch BANK OF INDIA CHANCHAL BIRANCHI
MALDA WEST BENGAL-732123
 IFSC Code of Branch BKI00005082
 Account No 5082301100000117 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) _____

2) Security Deposit* of Rs. 100000 paid through Cheque No. _____ / RTGS

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

If Yes, approx. size 20F30F Address: CHANCHAL DASKINPURA

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 ✓	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

PART B: BUSINESS BACKGROUND OF APPLICANT

- 13) Year of Establishment: 2019
- 14) Number of years for which you are dealing in Pesticides / Micronutrients: 2
- 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
Agro Live Science			
Total Agro			
Swal			

- 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
Samsi	1 Lakh	10	1. Md. Ali 2. Probbi Saha 3.
Motherpur	50,000	5	1. Abdul Kader 2. Md. Muslim. 3.
Asapur	1 Lakh	5	1. Siban Saha 2. 3. Md. Salim.

- 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

Which area do you seek our Distributorship (Area of Operation)*?

Chanchal Dakshinpara Kundera complex -

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

Type	Crop	Approx. Area	Approx. Volume
Field Crops	Paddy	ALL Chanchal	2 Lac
Field Crops			
Field Crops			
Vegetables	Bainjal	Asapur	1 Lac
Vegetables			
Vegetables	Porkal	Galimpur	1 Lac
Others			
Others			
Others			

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

Molecules	Crops	Key Brands	Approx. Volume
Pretholone	Paddy	Relit +	1 Lac
Proxaquat		Ramason	1 Lac

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

Molecules	Crops	Key Brands	Approx. Volume
Carbenzalm	ALL CROPS	Sprint	2 Lac
Mamezab		Sufe	1 Lac

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

Molecules	Crops	Key Brands	Approx. Volume
Emamectin benzoate	ALL CROPS	Embo 2	5 Lac

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	Quick, Duan, Destro H	1 Lac	2 Lac
Herbicides	Unifendi	50,000	1 Lac
Fungicides	Sprint 907, Cosmic	1 Lac	1.5 Lac
Fungicides	Unimox	1 Lac	1.5 Lac
Pesticides	Stake 50, Embo.		
Pesticides	Highline 2 Chakachak.	1 Lac	2 Lac
Micronutrients			
Micronutrients			

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

15. The Distributor paying through cheque must ensure that the cheque issued by him is honoured. 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 recourse for such dishonor.
16. The company will provide a standard credit period of 90 days from the date of the invoice. The company will provide Cash Discounts for paying dues within 90 days, the details of which are usually provided in the Price List or Terms and Conditions applicable for the period. Dues remaining unpaid above 180 days will be considered as Overdue. The company will levy interest on Overdue payments.
17. The company will not accept any Sales Return unless the material supplied was 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 unsecured 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@univensalagri.in or by calling the Customer Care Helpline at +91 8336829010.
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 TSO.
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, Subama Das acting on behalf of Subama Das
 (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.

DAS ENTERPRISE

Subama Das
 Proprietor

(Signature of Representative of Distributor)

DAS ENTERPRISE

Subama Das
 Proprietor

(Stamp of Distributor)

Date:

Place: Chanchal

Name of Company Official	Signature of Company Official
<u>Sashan Biswas</u>	<u>Sashan Biswas</u>

Partnership Form			
1	Mandatory fields on Page 1 filled up		✓
2	Mandatory fields on Page 2 filled up		✓
3	Mandatory fields on Page 3 filled up		✓
4	Mandatory fields on Page 4 filled up		✓
5	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)	10 Lakhs
Credit Limit Required (in Rs Lakhs)	3 Lakhs

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

DAS E...
 Swarna Seeds
 Proprietor