

PART B: BUSINESS BACKGROUND OF APPLICANT

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- 13) Year of Establishment: 2020
- 14) Number of years for which you are dealing in Pesticides / Micronutrients: 2020
- 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>Bindal</u>	<u>1Lac</u>	<u>5</u>	1. <u>Ansari Ali</u> 2. 3.
<u>Bhatel</u>	<u>1Lac</u>	<u>5</u>	1. <u>Goutam Barik</u> 2. 3. <u>Ajay Mahato</u>
<u>Rampur</u>	<u>50,000</u>	<u>3</u>	1. 2. <u>Ajgar Ali</u> 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)*?

Lakhanua, Uttar Dhrayam

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

Type	Crop	Approx. Area	Approx. Volume
Field Crops	Paddy	All-India	50,000
Field Crops			
Field Crops			
Vegetables	Brimjal	Bimjal	50,000
Vegetables			
Vegetables	Potato	Maharajpur	50,000
Others			
Others			
Others			

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

Molecules	Crops	Key Brands	Approx. Volume
Paraquat	All Crops	Ramoxion	2 Lal
Pretila	Paddy	Rista	1 Lal

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

Molecules	Crops	Key Brands	Approx. Volume
Carbendazim	Potato	UPL	1 Lal
Manezob	"	Suff	1 Lal

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

Molecules	Crops	Key Brands	Approx. Volume
Hampla			
Cloro Saipon			

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	Quik	50,000	1 Lal
Herbicides	Dwan	1 Lal	2 Lal
Fungicides	Spin, Umittan	2 Lal	2.5 Lal
Fungicides	Cosmic Imox	50,000	1 Lal
Pesticides	Strike, Emzo	1 Lal	2 Lal
Pesticides			
Micronutrients	Galaxy, Chakshah	3 Lal	2 Lal
Micronutrients	Highline, Desparato	1 Lal	5 Lal

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 INDIAN BANK
 Name & address of Branch INDIAN BANK LAKSHMANIA HEALTH CARE NAIGAM VITTAI DINTALPURA
 IFSC Code of Branch IDIB000H5119
 Account No 4059209062 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. 10000 paid through Cheque No. _____ / RTGS
- 33) Is the Office/ Shop used by the Distributor, owned by the Distributor*? Yes / No
 If Yes, approx. size 15420 Address: LAKHMANIA
- 34) Is the Godown used by the Distributor, owned by the Distributor*? Yes / No
 If Yes, approx. size 2614-42 Address: LAKHMANIA
- 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

15. The Distributor paying through cheque must ensure that the cheque is drawn on the bank on whom the cheque is drawn, dishonors the cheque then the company will levy a cheque Dishonor charge on the Distributor without prejudice to the company's 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 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, Bandana Das
(Name of Representative*)

acting on behalf of RIK AGRI SCIENCE
(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

RIK AGRI SCIENCE

Bandana Das

Proprietor

(Signature of Representative of Distributor*)

RIK AGRI SCIENCE

Bandana Das

Proprietor

(Stamp of Distributor*)

Date:

Place:

Name of Company Official	Signature of Company Official
<i>Sachin Biswas</i>	<i>Sachin Biswas</i>

For Internal Use

Checklist for Sales Team Member Opening Distributorship

Particulars		Yes	No
Distributorship Form			
1	1 Mandatory form on Page 1 filled up	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	4 Mandatory forms on Page 2 filled up	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	2 Mandatory forms on Page 3 filled up	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	3 Mandatory forms on Page 4 filled up	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	4 Mandatory forms on Page 5 filled up	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signature of representative added on Page 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Photograph of representative affixed on Page 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signature of representative added on Page 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supporting Documents			
ID Proof (Aadhaar Card/ Passport/ Driving License)			
	Name on ID proof tallies with PAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed and stamped	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed copy of Address Proof (Aadhaar Card/ Passport)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Name on address proof tallies with ID Proof	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Address on address proof tallies with PAN / License	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed and stamped	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed copy of PAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Name on PAN tallies with ID proof	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed and stamped	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed copy of GST Certificate (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Name on Certificate tallies with ID Proof	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed and stamped	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed copy of Pesticide License	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Name on license tallies with ID Proof	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	License is valid on the date of form	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If not, proof of application for renewal has been collected	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed and stamped	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed copy of Pesticide License	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Name on license tallies with ID Proof	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	License is valid on the date of form	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If not, proof of application for renewal has been collected	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed and stamped	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Statement of primary bank account(s) of business	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Name on account tallies with ID Proof	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Period is for last 3 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Primary bank account of business with significant transactions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed and stamped	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Blank Cheques	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	3 cheques	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Not of any cooperative banks	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Contains valid signature of representative and stamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Contains no date	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Is not crossed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Security Deposit has been collected	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Existing Distributor of (JACI Seeds & Biotech/ Swarna Seeds)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Effect on Existing Network	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	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