

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)	08 (Eight)
Credit Limit Required (in Rs Lakhs)	01 (One)

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

15. The Distributor paying through cheque must ensure that the cheque is drawn, dishonors the cheque for reasons related to the bank, then the company will levy a cheque Dishonor charge on the Distributor without prejudicing its right to seek 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 levy Cash Discounts for paying dues within 90 days, the details of which are usually provided in the Price List or 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 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, Ratan Roy acting on behalf of Ratan Roy
 (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

Ratan Roy
 (Signature of Representative of Distributor*)

Ratan Fertilizer
Ratan Roy
 (Stamp of Distributor*)

Date: 22.09.2021

Place:

Name of Company Official	Signature of Company Official
<u>Subrata Ghosh.</u>	<u>Subrata Ghosh.</u>

PART D: FINANCIAL INFORMATION OF APPLICANT

30) Primary Bank Account of Business*:
 Name of the Bank STATE BANK OF INDIA
 Name & address of Branch HALDI BARI
 IFSC Code of Branch SBIIN0010094 Type of Account: Savings/Current/OD / /
 Account No 410243468112

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) _____ / RTGS

32) Security Deposit* of Rs 100000 paid through Cheque No. _____ / RTGS
 33) Is the Office/ Shop used by the Distributor, owned by the Distributor*? Yes / No

If Yes, approx. size 2000sq Address: UTTAR BAKXIGANS
HALDI BARI DIST COOCHBEHAR WEST BENGAL

34) Is the Godown used by the Distributor, owned by the Distributor*? Yes / No
 35) If Yes, approx. size 2000 Address: UTTAR BAKXIGANS
HALDI BARI DIST COOCHBEHAR WEST BENGAL

36) Number of staff employed by the applicant _____

37) Does the applicant own any 2-wheeler? Yes / No
 If Yes, Number of such vehicles ONE 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 C: MARKET INTELLIGENCE & SALES PLAN

22) For which area do you seek our Distributorship (Area of Operation)*?

Uttarakhand

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

Type	Crop	Approx. Area	Approx. Volume
Field Crops			
Field Crops			
Field Crops			
Vegetables	<u>Potato</u>		
Vegetables			
Vegetables			
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

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

	Name of the Product	Quantity	
		Year 1	Year 2
Herbicides	<u>Scor</u>	<u>200 Lts</u>	<u>300 Lts</u>
Herbicides			
Fungicides	<u>Cosmic</u>	<u>26 kg</u>	<u>48 kg</u>
Fungicides			
Pesticides	<u>Strike 550</u>	<u>200 Lts</u>	<u>250 Lts</u>
Pesticides			
Micronutrients	<u>Galaxy</u>	<u>300 kg</u>	<u>400 kg</u>
Micronutrients			

Please share if you have any suggestions to improve business

Assure Regularity of Products Supply.



UNIVERSAL AGRO CHEMICAL INDUSTRIES

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

APPLICATION FOR DISTRIBUTORSHIP

PART A: Basic Information of Applicant

- 1) Name of the Organization* **RATAN ROY**
- 2) Full Postal Address for correspondence*:
Type of Location: Office Shop Godown Residence
Street Name **UTTAR BANSWARI GANJ HALDIBARI**
COOCHBEHAR 735122
P.O **HALDIBARI** District **COOCHBEHAR**
State **WESTBENGAL** PIN Code **735122**
- 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
RATAN ROY
- 5) Telephone No:
Office /Shop Landline: (STD Code)
Residence Landline: (STD Code)
Mobile*: +91 **9800035236** WhatsApp Mobile: +91
Email ID*: **RATANROYH3BOGMAIL.COM**
- 6) Preferred mode of communication: Email Ph. Whatsapp
- 7) Income Tax Permanent Account No*: **BWNP R3220H**
- 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 **12BWNPR3220H1ZA**
- 11) Pesticide Licence No* **P106090** Valid Up to* **LI / FE / TIME**
Issued By **GOVT OF WESTBENGAL**
- 12) Micronutrient Licence No* **F10681** Valid Up to* **16 / 04 / 2025**
Issued By **GOVT OF WESTBENGAL**

Signature and Photograph of Person Authorized to Represent the Applicant

Name* **RATAN ROY**

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Ratan Roy

Signature*

Date: **22 09 2021**

