

 OSTWAL GROUP OF INDUSTRIES

**(SUBJECT TO JURISDICTION OF BHILWARA)**

**DEALERSHIP APPLICATION FORM**

□ OSTWAL PHOSCHEM INDIA LTD. □ KRISHANA PHOSCHEM LTD.

□ MADHYA BHARAT AGRO PRODUCTS LTD. UNIT 1 □ MADHYA BHARAT AGRO PRODUCT LTD. UNIT 2

**A. PROPRIETARY INFROMATION**

ATTACH RECENT PHOTOGRAPH WITH SIGNATURE

1. Name of the firm:

1. Name of the Proprietor/ Partners:

1. Postal Address (Attach proof):

1. PIN Code: 5. Residence:

 6. Telephone No: 7. Shop:

8. Mobile No: 9. Fax No:

10. E-mail Id:

**11. Dealership required at**

 Village/ Taluka:

District: State:

 **12. Organization Type**

|  |  |
| --- | --- |
| a) Sole Proprietorship  | Attach of copies of shop license. |
|  |
| b) Partnership Firm  | Attach certified copies of partnership deed with power of attorney. |
|  |
| c) Co-operative society  | Attach copies of certificate of Registrar of Co-op. Society Authorization letter in resolution form. |
|  |
| d) Private Limited Co.  | Attach details of Directors along with copies of Articles & Memorandum of association & power of attorney. |
|  |
| e) Public Limited Co.  | Attach details of Directors along with copies of Articles & Memorandum of association & power of attorney. |
|  |

Date: (Signature of Applicant with stamp)

**13. Godown Details**

|  |  |  |  |
| --- | --- | --- | --- |
| S. No. | ADDRESS | STORAGE CAPACITY | GODOWN TYPE |
| 1. |  |  | □ Owned □ Rented □ Leased  |
| 2. |  |  | □ Owned □ Rented □ Leased |
| 3. |  |  | □ Owned □ Rented □ Leased |

1. **Nearest Warehouse**

|  |  |  |
| --- | --- | --- |
| S. No. | Name Of Warehouse | Distance in KM |
| 1. |  |   |
| 2. |  |   |
| 3. |  |   |

1. **Details of Property of Proprietor/Partner/Firm**

|  |  |  |  |
| --- | --- | --- | --- |
| S. No. | ADDRESS | ESTIMATED VALUE | HYPOTHECATION DETAILS |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

1. **Registration Details**

Fertilize License No. Retail Validity

 Wholesale Validity

FMS and mFMS ID Retail

 Wholesale

Date: (Signature of Applicant with stamp)

**B. FINANCIAL INFORMATION**

**1. Dealers Investment in the Business**

a) Fertilizer: Rs.

b) Other Agriculture Inputs: Rs.

 (Please Attach Profit and Loss Accounts/Balance Sheet of last 3 Years)

**2. Details of Bankers**

|  |  |  |  |
| --- | --- | --- | --- |
| S. No. | Banker Name/Branch Address/IFSC code | Nature of Credit Availed  | Credit Limits |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

**Please enclose**

* Signature Verification from bank.
* Cancelled Cheque
* Sanction Letters

**3 . Income Tax/ GST (Attach Income Tax/ Sales tax Returns for the last three years)**

a) PAN No (Attach PAN Card Copy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) GST No. (Attach GST Certificate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c) Other Documents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: (Signature of Applicant with stamp)

**C. COMMERCIAL INFORMATION**

1. **Fertilizer sale during past three financial years if any**

Qty in MTs

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Company** | **Fertilizer** | **100% w.s Fertilizer** | **PSB/Rhz.****Bio Fert.** | **Micro Nutrient** | **Other** |
| **Urea** | **Complex** | **SSP** | **Drip** | **Foliar** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

1. **Agro Inputs sales during past three financial years if any**

Rs. In Lacs

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **Plant Protection Chemicals** | **Planth Growth Promoters** | **Seeds** | **Others** | **Total** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Sales Commitment for various products during the 1st year**

|  |  |  |  |
| --- | --- | --- | --- |
| **Product** | **Karif** | **Rabi**  | **MTS** |
| SSP - POWDER |  |  |  |
| SSP – GRANULAR |  |  |  |
| BSSP - POWDER |  |  |  |
| BSSP - GRANULAR |  |  |  |
| ZSSP - POWDER |  |  |  |
| ZSSP - GRANULAR |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 Date: (Signature of Applicant with stamp)

**4. Details of Business Operations**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Particulars** | **Location** | **Year of Establishment** | **Nature of Business** | **No. of village/Talukas Covered** | **No. Of Salesman** |
| Head Office/Shop |  |  |  |  |  |
| Existing Branch Shop |  |  |  |  |  |
| New Branch /Shop Plan if Any |  |  |  |  |  |

 **5. Current dealership details / Fertilizer/seeds/Pesticides/Others**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Company** | **Date of Appointment** | **Validity** | **Products** | **Teritory Covered** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**D. DECLARATION**

1) I/We hereby declare that I/We have no relative/following relatives who is/are employee in OGI.

2) I/We hereby declare that I/We have no relative/following working with OGI as warehouse agent/ Handling & Transport Agents.

I/We confirm that the particulars as given above are true. In case any information is found incorrect or misguiding now or at latter stage, OGI management shall have the sole discretion for termination of dealership. I/We also agree that abide by the terms & conditions of appointment.

Date: (Signature of Applicant with stamp)

 Name

**For Office Purpose**

**1 . Marketing Officer’s Verification & Evaluation**

The dealer is being assessed with regards to the criteria given below:

a) Potentiality of sales (given your assessment of sales) during one year.

b) Areas of strength.

c) Areas of weakness.

d) Whether objective can be fulfilled by appointing as dealer.

e) Market Intelligence report

i) Financial Worthiness

ii) Loyalty

iii) Whether dealer has been penalized or blacklisted by Dept. of Agri or any other Govt. Body.

iv) Registration of dealer in market.

v) Any other suggestion

 Date: (Signature)

 Name & Designation

2. Area Finance In charge’s Remarks

 Date: (Signature)

 Name & Designation

3. Area Managers Evaluation

 Date: (Signature)

 Name & Designation

**LIST OF DOCUMENTS TO BE ENCLOSED WITH DEALER APPLICATION FORM**

|  |  |  |
| --- | --- | --- |
| Sr. No. | Name of Document | Attached |
| 1 | Application on letter head |  |
| 2 | Application in BECF Format |  |
| 3 | Copy of PAN Card |  |
| 4 | Copy of GST allotment letter |  |
| 5 | Copy of Fertilizer License |  |
| 6 | Copy of Insecticide License |  |
| 7 | Audited Balance Sheet for last year |  |
| 8 | Latest Income Tax Returns |  |
| 9 | mentioning quality product wise |  |
| 10 | Registration under shop act |  |
| 11 | Two latest photographs of Proprietor/ Partners |  |
| 12 | Partnership deeds |  |
| 13 | Registration Certificate in case of Co-operative |  |
| 14 | Board Resolution Certificate in case of Co-operative |  |
| 15 | By-Laws of the firm |  |
| 16 | Memorandum and Article of Association (In case Of Company) |  |
| 17 | Declaration that the applicant is not related to employee(s) of OGI |  |
| 18 | Any other document required as statuary requirement |  |
| 19 | Photo ID Proof - Driving License\Adhaar Card |  |
| 20 | Affidavit Form – Proprietorship |  |
| 21 | Blank Cheque 2  |  |
| 22 | Security deposit Rs. 25000.00 |  |

**Note :**

Please Do Not Submit Original Documents With the Application.

Enclosed Document Should be Self-attested.