



Date:10/28/2020 14:35:15

Please review the registration.

Created Date

2006-05-18 05:22:17.0

Created by

agr63264

Registration Expiration Date

2022-12-31

Registration Renewed Date

2020-10-24

Last Modified by

agr53906

Last Updated

2020-10-28

Last Modified by Company

Agro Gums

Registration Status

VALID

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

Yes No

Section 1: Type of Registration

Facility Location: **Foreign Registration**

Initial Registration **10601644092**

Pin No [REDACTED]

Are you the new owner of a previously registered facility?

Yes No

Previous Owner's Title:

Previous Owner's Name:

Previous Owner's Registration Number:

Section 2: Facility Name/Address Information

Facility Name

Agro Gums

Telephone Number

091 079 25830659

Facility Name Suffix

Other

Fax Number

Facility Name Suffix Other

Proprietorship

Facility Street Address, Line 1

636, G.I.D.C. ESTATE, PHASE - IV, VATVA

E-Mail Address

info@agrogums.com

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

676401210

City

AHMEDABAD

State/Province/Territory

Gujarat



Zip Code (Postal Code)

382445

Country/Area

INDIA

Section 3: Preferred Mailing Address Information

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)? Yes

Name

Agro Gums

Telephone Number

091 079 25830659

Address, Line 1

636, G.I.D.C. ESTATE, PHASE - IV, VATVA

Fax Number

Address, Line 2

E-Mail Address

info@agrogums.com

City

AHMEDABAD

State/Province/Territory

Gujarat

Zip Code (Postal Code)

382445

Country/Area

INDIA

Section 4: Parent Company Name/Address Information

(If applicable and if different from Sections 2 and 3). If information is the same as another section, check which section:

Same as Facility Address (Section 2)

Same as Preferred Mailing Address (Section 3)

None of the above

Company Name

Agro Gums

Telephone Number

091 079 25830659

Company Name Suffix

Other

Fax Number

Company Name Suffix Other

Proprietorship

Address, Line 1

636, G.I.D.C. ESTATE, PHASE - IV, VATVA

E-Mail Address

info@agrogums.com

Address, Line 2

City

AHMEDABAD

State/Province/Territory

Gujarat



Zip Code (Postal Code)

382445

Country/Area

INDIA

Section 5: Facility Emergency Contact Information

If information is the same as another section, check which section:

- Same as Facility Address (Section 2)
- Same as U.S. Agent Information (Section 7)
- None of the above

Individual's Title (Optional)

Mr

Individual's Name (Optional)

DHAVAL

Individual's Middle Name (Optional)

C

Individual's Last Name (Optional)

PATEL

Emergency Contact Phone

091 079 25830659

E-Mail Address

info@agrogums.com

Job Title (Optional)

Manager

Section 6: Trade Names

(If this facility uses trade names other than that listed in Section 2 above, list them below (e.g., "Also doing business as," "Facility also known as"))

Are there alternate trade names used by your facility in addition to the name provided in **Section 2: Facility Name/Address Information?**

- Yes
- No

Section 7: United States Agent

(To be completed by facilities located outside any state or territory of the United States, District of Columbia, or The Commonwealth of Puerto Rico)

First Name

HARSHAL

Middle Name (Optional)

Last Name

SARAIYA

Title (Optional)

Mr.

Address, Line 1

625 E Vista Ridge Mall Dr

Address, Line 2

City

Lewisville

Telephone Number

405 5372804 null

Emergency Contact Phone

405 5372804

Fax Number

E-Mail Address

harshal.saraiya@gmail.com



State/Province/Territory

Texas

Zip Code (Postal Code)

75067

Country/Area

UNITED STATES

Section 8: Seasonal Facility Dates of Operation (Optional)

Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis (Optional).

Harvest 1

Start Month

End Month

Harvest 2

Start Month

End Month

Section 9: General Product Categories - Human/Animal/Both

Food for Human Consumption

Food for Animal Consumption

Section 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility



| To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37 | Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators) | Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks) | Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities) | Acidified Food Process or | Low-Acid Food Process or | Interstate Conveyance Caterer / Catering Point | Contract Sterilizer | Labeler / Relabeler | Manufacturer / Processor | Packer / Repacker | Salvage Operator (Reconditioner) | Farm Mixed-Type Facility | Other Activity Conducted (Please Specify) |
|---|--|--|---|---------------------------|--------------------------|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|----------------------------------|--------------------------|---|
| 15. FOOD ADDITIVES, GENERALLY RECOGNIZED AS SAFE (GRAS) INGREDIENTS, OR OTHER INGREDIENTS USED FOR PROCESSING ^{(21 CFR 170.3 (n) (42); 21 CFR 170.3 (o) (1), (2), (3), (5), (6), (7), (8), (9), (10), (11), (12), (13), (14), (15), (16), (17), (18), (19), (22), (23), (24), (25), (26), (27), (28), (29), (30), (31), (32))} | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. IF NONE OF THE ABOVE FOOD CATEGORIES APPLY, THEN PRINT THE APPLICABLE FOOD CATEGORY OR CATEGORIES (THAT DOES NOT OR DO NOT APPEAR ABOVE) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If the food categories listed above do not apply, then print the applicable food category or categories.

Guar Gum Powder, Cassia Gum Powder, Cassia Tora Refined Split, Guar Gum Refined Split, Cassia Tora Seeds

Section 9b: General Product Categories - Food for Animal Consumption; and Type of Activity Conducted at the Facility



| To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 33 | Animal food manufacturer / Processor | Animal Food Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators) | Acidified Food Processor | Low Acid Food Processor | Contract Sterilizer | Packer / Repacker | Labeler / Relabeler | Salvage Operator (Reconditioner) | Farm Mixed-Type Facility | Other Activity (Please Specify) |
|---|--------------------------------------|---|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|----------------------------------|--------------------------|---------------------------------|
| 5.ANIMAL PROTEIN PRODUCTS | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30.PET FOOD | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33.IF NONE OF THE ABOVE FOOD CATEGORIES APPLY, THEN PRINT THE APPLICABLE FOOD CATEGORY OR CATEGORIES (THAT DOES NOT OR DO NOT APPEAR ABOVE) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If the food categories listed above do not apply, then print the applicable food category or categories. | | | | | | | | | | |
| Guar Gum Powder, Cassia Gum Powder, Cassia Tora Refined Split, Guar Gum Refined Split, Guar Meal, Cassia Meal | | | | | | | | | | |

Section 10: Owner, Operator, or Agent-in-Charge Information

Provide the following information, if different from all other sections on the form. If information is the same as another section of the form, check which section:

If information is the same as Section 2, check the box:

- Section 2 - Facility Address Information
- Section 3 - Preferred Mailing Address Information
- Section 4 - Parent Company Address Information
- Section 7 - US Agent Address Information
- None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: DHAVAL PATEL

Address, Line 1
636, G.I.D.C. ESTATE, PHASE - IV, VATVA

Telephone Number
091 079 25830659

Address, Line 2

Fax Number

City
AHMEDABAD

E-Mail Address
info@agrogums.com

State/Province/Territory
Gujarat



Zip Code (Postal Code)

382445

Country/Area

INDIA

Section 11: Inspection Statement

FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

Section 12: Certification Statement

The owner, operator, or agent-in-charge of the facility, or an individual authorized by the owner, operator, or agent-in-charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent-in-charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent-in-charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent-in-charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

NAME OF PERSON SUBMITTING THIS REGISTRATION FORM: DHAVAL PATEL

CHECK ONE BOX

A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)

B. ANOTHER AUTHORIZED INDIVIDUAL

Address Information for the Authorizing Individual:

Individual's Name

-N/A-

Telephone Number

-N/A-

Address, Line 1

-N/A-

Fax Number

-N/A-

Address, Line 2

-N/A-

E-Mail Address

-N/A-

City

-N/A-

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-