

Date: 11/29/2014 3:50:16

Created Date: 2013-08-11 07:19:09.0	Created by: vee77927
Registration Expiration Date: 2016-12-31	Registration Renewed Date: 2014-11-29
Last Updated: 2014-11-29	
Registration Status: VALID	

Registration Status Reason: Initial registration

**SECTION 1 TYPE OF REGISTRATION**

1a.	FOREIGN REGISTRATION
1b.	UPDATE OF REGISTRATION INFORMATION: Registration number: 15728841004 Pin No F90GeBHc
1c.	PREVIOUS OWNER'S TITLE : PREVIOUS OWNER'S NAME : PREVIOUS OWNER'S REGISTRATION NUMBER :

**SECTION 2 FACILITY NAME / ADDRESS INFORMATION**

FACILITY NAME: VEER INTERNATIONAL

FACILITY NAME SUFFIX: Other FACILITY NAME SUFFIX OTHER: PRNERSHIP FIRM

FACILITY STREET ADDRESS, Line 1: 107, RIDDHI RESIDENCY, ABOVE STATE BANK

FACILITY STREET ADDRESS, Line 2: JALARAM TEMPLE, L P SAVANI PAL ROAD,

CITY: SURAT STATE/PROVINCE/TERRITORY: Gujarat

ZIP CODE (POSTAL CODE): 395009

COUNTRY/AREA: INDIA

PHONE NUMBER (Include Area/Country Code): 091 261 2730996 0000

FAX NUMBER (Optional; Include Area/Country Code):

E-MAIL ADDRESS: drmehul@ramagum.net

**SECTION 3 PREFERRED MAILING ADDRESS INFORMATION (Optional)**

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

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

NAME: VEER INTERNATIONAL

ADDRESS, Line 1: 107, RIDDHI RESIDENCY, ABOVE STATE BANK

ADDRESS, Line 2: JALARAM TEMPLE, L P SAVANI PAL ROAD,

CITY: SURAT STATE/PROVINCE/TERRITORY: Gujarat

ZIP CODE (POSTAL CODE): 395009

COUNTRY/AREA: INDIA

PHONE NUMBER (Include Area/Country Code): 091 261 2730996 0000

FAX NUMBER (Optional; Include Area/Country Code):

E-MAIL ADDRESS (Optional): drmehul@ramagum.net

**SECTION 4 PARENT COMPANY NAME/ADDRESS INFORMATION AND TRADE NAMES**

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

Section 2 - Facility Address Information

Section 3 - Preferred Mailing Address Information

None of the above

NAME OF PARENT COMPANY: VEER INTERNATIONAL

PARENT COMPANY SUFFIX: Other PARENT COMPANY SUFFIX OTHER: PRNERSHIP FIRM

STREET ADDRESS OF PARENT COMPANY, Line 1: 107, RIDDHI RESIDENCY, ABOVE STATE BANK

STREET ADDRESS OF PARENT COMPANY, Line 2: JALARAM TEMPLE, L P SAVANI PAL ROAD,

CITY: SURAT STATE/PROVINCE/TERRITORY: Gujarat

ZIP CODE (POSTAL CODE): 395009

COUNTRY/AREA: INDIA

PHONE OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code): 091 261 2730996 0000

FAX # OF INDIVIDUAL AT PARENT COMPANY (Optional; Include Area/Country Code):

E-MAIL ADDRESS OF INDIVIDUAL AT PARENT COMPANY (Optional): drmehul@ramagum.net

(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")):



	Animal food manufacturer / Processor	Warehouse / Holding Facility (e.g. storage facilities, including storage tanks, grain elevators)	Acidified / Low Acid Food Processor	Contract Sterilizer	Repacker / Packer	Labeler / Relabeler	Salvage Operator (Reconditioner)	Other Activity Conducted
<input checked="" type="checkbox"/> 25. IF NONE OF THE ABOVE FOOD CATEGORIES APPLY, THEN PRINT THE APPLICABLE FOOD CATEGORY OR CATEGORIES (THAT DOES NOT OR DO NOT APPEAR ABOVE):								
RAAGI GUM POWDER								

**SECTION 11 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:

- Section 2 - Facility Address Information
- Section 3 - Preferred Mailing Address Information
- Section 4 - Parent Company Address Information
- Section 7 - US Agent Address Information

NAME OF ENTITY OR INDIVIDUAL WHO IS THE OWNER, OPERATOR, OR AGENT IN CHARGE: BINAL M MEHETA

STREET ADDRESS, Line 1: 107, RIDDHI RESIDENCY, ABOVE STATE BANK

STREET ADDRESS, Line 2: JALARAM TEMPLE, L P SAVANI PAL ROAD,

CITY: SURAT STATE/PROVINCE/TERRITORY: Gujarat

ZIP CODE (POSTAL CODE): 395009

COUNTRY/AREA: INDIA

PHONE NUMBER (Include Area/Country Code): 091 261 2730996 0000

FAX NUMBER (Optional: Include Area/Country Code):

E-MAIL ADDRESS (Optional): drmahul@ramagum.net

**SECTION 12 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 13 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.

The Secretary will be permitted to inspect facility at the time and in the manner permitted by this act.

NAME OF PERSON SUBMITTING THIS REGISTRATION RENEWAL: BINAL M MEHETA

CHECK ONE BOX

- A. OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)
- B. INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION

IF YOU CHECKED BOX B ABOVE, INDICATE WHO AUTHORIZED YOU TO SUBMIT THE REGISTRATION:

OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)

NAME OF INDIVIDUAL WHO AUTHORIZED REGISTRATION ON BEHALF OF OWNER, OPERATOR, OR AGENT IN CHARGE (FILL IN ADDRESS BELOW): -N/A-

ADDRESS INFORMATION FOR THE AUTHORIZING INDIVIDUAL: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line 1: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line 2: -N/A-

CITY: -N/A-

STATE/PROVINCE/TERRITORY: -N/A-

ZIP CODE (POSTAL CODE): -N/A-

COUNTRY/AREA: -N/A-

PHONE NUMBER (Include Area/Country Code): -N/A-

FAX NUMBER (Optional: Include Area/Country Code): -N/A-

E-MAIL ADDRESS (Optional): -N/A-