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

Created Date: 2013-06-11 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

UPDATE OF REGISTRATION INFORMATION: Registration number: 15728841004 Pin No F90GeBHc 16.

1c. PREVIOUS OWNER'S TITLE : PREVIOUS OWNER'S NAME : PREVIOUS OWNER'S REGISTRATION NUMBER

FACILITY NAME: VEER INTERNATIONAL

FACILITY NAME SUFFIX: Other

FACILITY NAME SUFFIX OTHER: PRINERSHIP FIRM

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

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

STATE/PROVINCE/TERRITORY: Gujarat CITY: SURAT

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

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, STATE/PROVINCE/TERRITORY: Gujarat

CITY: SURAT

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

(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: PRINERSHIP FIRM

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

STREET ADDRESS OF PARENT COMF ANY, 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"):

ALTERNATE TRADE NAME #1

SECTION 5 FACILITY EMPOSENCY CONTACT INFORMATION INDIVIDUALS TITLE (Optional): INDIVIDUALS TITLE OTHER INDIVIDUALS NAME (Optional): SHOVAN INDIVIDUALS MIDDLE NAME (Optional): INDIVIDUALS LAST NAME (Optional); DAS TITLE (Optional) EMERGENCY CONTACT PHONE (include Area/Country Code): 001 504 8130947 E-MAIL ADDRESS (Optional): INFO@RAMAGUM.NET In the electronic version of FDA Form 3537, Section 6 (Trade Names) has been merged with Section 4 (Parent Company Name/Address Information) SECTION 7 (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 OF U.S. AGENT: SHOVAN MIDDLE NAME OF U.S. AGENT LAST NAME OF U.S. AGENT: DAS TITLE (Optional) ADDRESS, Line 1: 40 Chateau Haut Brion Dr ADDRESS, Line 2: CITY: Kenner STATE: Louisiana ZIP CODE (POSTAL CODE): 70065 -2019 COUNTRY/AREA: UNITED STATES PHONE NUMBER (Include Area/Country Code): 504 8130947 EMERGENCY CONTACT PHONE NUMBER (Include Area Code): 504 8130947 FAX NUMBER (Optional; Include Area Code): EMAIL ADDRESS: INFO@RAMAGUM.NET DATES OF OPERATION (Optional) Optional - Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis. DATES OF OPERATION For Harvest 1 Start Month End Month: For Harvest 2 Start Month: End Month SECTION 9 TYPE OF STORAGE FOR POLITIES THAT MEET Ambient (neither frozen nor refrigerated) Storage ✓ Refrigerated Storage ✓ Frozen Storage ERAL PRODUCT CATEGORIES - HUMAWANIMAL √ Food for Human Consumption ✓ Food for Animal Consumption FOOD FOR HUMAN CONSUMPTION; and TYPE OF ACTIVITY TYPE OF ACTIVITY CONDUCTED AT THE FACILITY (Optional) Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food. Warehouse To be completed by all food Holding Facility terstate facilities. Please see instructions fo cidified / (e.g. storage Conveyance Caterer / further examples Molluscan Low Acid Food Salvage Contract Labeler / Manufacturer / Commissary Sterilizer Repacker Shellfish Operator Relabeler Processor including Catering Establishment Packer Reconditioner) storage (anks, grain elevators) oint 16. FOOD ADDITIVES, GENERALLY RECOGNIZED AS SAFE (GRAS) INGREDIENTS, OR OTHER INGREDIENTS USED FOR PROCESSING [21 CFR 170.3 (n) (42); 21 CFR 170.3 (a) (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)]

To be completed by all animal food facilities.

SECTION 18b

TYPE OF ACTIVITY CONDUCTED AT THE FACILITY (Optional)
Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food.

FOOD FOR AHIMAL CONSUMPTION; and TYPE OF ACTIVIT

		Animal food manufacturer / Processor	Warehouse / Holding Facility (e.g. storage facilities, including storage tanks, grain elevators)	Acidified / Low Acid Food Processor	Contract Sterilizer		Labeler / Relabeler	Salvage Operator (Reconditioner)	Other Activity Conducted
7	28. IF NONE OF THE ABOVE FOOD CATEGORIES APPLY THEN PRINT THE APPLICABLE FOOD CATEGORY OR CATEGORIES (THAT DOES NOT OR DO NOT APPEAR ABOVE)				F				
	15	NAR GLM FOW	DER			^			•

### SECTION 11 CONTENT OFFICE FOR OF A CENTUR 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): drmehul@ramagum.net

# SECTION 12 HISPECTIONS LATEMENT

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-