



Date:01/03/2025 1:21:37

Please review the registration.

Created Date

2015-01-21 02:21:27.0

Created by

swa92868

Registration Expiration Date

2026-12-31

Registration Renewed Date

2024-10-01

Last Modified by

swa92868

Last Updated

2024-10-01

Last Modified by Company

Swani Spice Mills Pvt. Ltd.

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

Are you a fishing vessel engaged in processing (21 CFR 1.226(f))?

Yes No

Section 1: Type of Registration

Facility Location: **Foreign Registration**

Initial Registration **16312034870** Pin No **Bc0F4HxD**

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

Swani Spice Mills Pvt. Ltd.

Telephone Number

091 22 35054100 44

Facility Name Suffix

Limited Company

Fax Number

091 22 22819342

Facility Street Address, Line 1

A 189/190/819, TTC, Khairne MIDC,

E-Mail Address

harjiv@swanispice.com

Facility Street Address, Line 2

Thane Belapur Road. Navi Mumbai

Unique Facility Identifier (UFI)

917085594

City

Mumbai

State/Province/Territory

Maharashtra



Zip Code (Postal Code)

400705

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)? No

Name

Swani Spice Mills Pvt. Ltd.

Telephone Number

091 22 35054100

Address, Line 1

4, Hari Niwas, 'C' Road,

Fax Number

091 22 22819342

Address, Line 2

Churchgate

E-Mail Address

harjiv@swanispice.com

City

Mumbai

State/Province/Territory

Maharashtra

Zip Code (Postal Code)

400 020

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

Swani Spice Mills Pvt. Ltd.

Telephone Number

091 22 35054100

Company Name Suffix

Fax Number

091 22 22819342

Address, Line 1

4, Hari Niwas, 'C' Road,

E-Mail Address

harjiv@swanispice.com

Address, Line 2

Churchgate

City

Mumbai

State/Province/Territory

Maharashtra



Zip Code (Postal Code)

400 020

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)

Emergency Contact Phone

001 732 3559944

Individual's Name (Optional)

E-Mail Address

Mincing Trading Corporation

Nagy@mincing.com

Individual's Middle Name (Optional)

Job Title (Optional)

Individual's Last Name (Optional)

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

Alternate Trade Name #1: **Bunty Botanicals**

Alternate Trade Name #2: **Swani Corporation**

Alternate Trade Name #3: **Hindustan Trading Corporation**

Alternate Trade Name #4: **Isabgol Export Corporation**

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)

Name

Telephone Number

Mincing Trading Corporation

732 3559944 null

Address, Line 1

Emergency Contact Phone

Kn Building

732 3559944

Address, Line 2

Fax Number

10 Tower Rd

732 3559964

City

E-Mail Address

Dayton

Nagy@mincing.com

State/Province/Territory

New Jersey

Zip Code (Postal Code)

08810



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

<input checked="" type="checkbox"/> Food for Human Consumption	<input checked="" type="checkbox"/> Food for Animal Consumption
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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)
26. NUTS AND EDIBLE SEED PRODUCT CATEGORIES ⁽²¹⁾ CFR 170.3 (n) (26), (32)													
b. Edible Seed and Edible Seed Products	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. SPICES, FLAVORS, AND SALTS ⁽²¹⁾ CFR 170.3 (n) (26)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
16.HUMAN FOOD BY-PRODUCTS NOT OTHERWISE LISTED	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: Harjiv S Swani

Address, Line 1: **4, Hari Niwas, 'C' Road,** Telephone Number: **091 22 35054100**

Address, Line 2: **Churchgate** Fax Number: **091 22 22819342**

City: **Mumbai** E-Mail Address: **harjiv@swanispice.com**

State/Province/Territory: **Maharashtra**

Zip Code (Postal Code): **400 020**

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: Harjv Swani

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-