



Date:01/25/2024 3:37:12

Created Date  
**2015-01-21 02:21:27.0**

Created by  
**swa92868**

Registration Expiration Date  
**2024-12-31**

Registration Renewed Date  
**2022-12-15**

Last Updated  
**2024-01-25**

Registration Status Reason  
**Accepted UFI**

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**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **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)

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**

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)
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26. NUTS AND EDIBLE SEED PRODUCT CATEGORIES<sup>(21 CFR 170.3 (n) (26), (32))</sup>

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 <sup>(21 CFR 170.3 (n) (26))</sup>	<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:** Harjiv S 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-