



Date:02/22/2021 7:24:58

Created Date

2021-02-20 07:42:54.0

Created by

jko56397

Registration Expiration Date

2022-12-31

Registration Renewed Date

Last Updated

2021-02-22

Registration Status Reason

Pending UFI Confirmation

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**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **17716473010** Pin No **e5f807Ae**

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

JK BOTANICALS PRIVATE LIMITED

Telephone Number

091 22 9820232008

Facility Name Suffix

Manufacturing

Fax Number

Facility Street Address, Line 1

PLOT NO M-14/14-1

E-Mail Address

nikita@herbaltrade.com

Facility Street Address, Line 2

MIDC INDUSTRIAL AREA TALOJA, TALUKA PANVEL, DIST-RAIGAD

Unique Facility Identifier (UFI)

City

Taloja

State/Province/Territory

Mahrshtra

Zip Code (Postal Code)

410208

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	Telephone Number
JK BOTANICALS PRIVATE LIMITED	091 22 9820232008
Address, Line 1	Fax Number
PLOT NO M-14/14-1	
Address, Line 2	E-Mail Address
MIDC INDUSTRIAL AREA TALOJA, TALUKA PANVEL, DIST-RAIGAD	nikita@herbaltrade.com
City	
Taloja	
State/Province/Territory	
Mahrshtra	
Zip Code (Postal Code)	
410208	
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	Telephone Number
JK BOTANICALS PRIVATE LIMITED	091 22 9820232008
Company Name Suffix	Fax Number
Manufacturing	
Address, Line 1	E-Mail Address
PLOT NO M-14/14-1	nikita@herbaltrade.com
Address, Line 2	
MIDC INDUSTRIAL AREA TALOJA, TALUKA PANVEL, DIST-RAIGAD	
City	
Taloja	
State/Province/Territory	
Mahrshtra	
Zip Code (Postal Code)	
410208	
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
	091 22 9820232008
Individual's Name (Optional)	E-Mail Address
	nikita@herbaltrade.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

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
RV Pharma LLC	631 7307724 102
Address, Line 1	Emergency Contact Phone
165 Orville Dr Ste B	631 3195057
Address, Line 2	Fax Number
	631 2476923
City	E-Mail Address
Bohemia	Rajesh@rvpharma.com
State/Province/Territory	
New York	
Zip Code (Postal Code)	
11716	
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)

12. DIETARY SUPPLEMENT CATEGORIES

d. Herbals and Botanicals	<input checked="" type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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26. NUTS AND EDIBLE SEED PRODUCT CATEGORIES^{(21 CFR 170.3 (n) (26), (32))}

a. Nut and Nut Products	<input checked="" type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Edible Seed and Edible Seed Products	<input checked="" type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. SPICES, FLAVORS, AND SALTS ^{(21 CFR 170.3 (n) (26))}	<input checked="" type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Activity Conducted

QUALITY CONTROL AND ANALYSIS, MAINTENANCE, PACKING.

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)
3. ALFALFA PRODUCTS OR LESPEDEZA PRODUCTS	<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"/>
6. BOTANICALS AND HERBS	<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"/>

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: Mr. Ankit Aggarwal

Address, Line 1: **PLOT NO M-14/14-1** Telephone Number: **091 22 9820232008**

Address, Line 2: **MIDC INDUSTRIAL AREA TALOJA, TALUKA PANVEL, DIST-RAIGAD** Fax Number:

City: **Taloja** E-Mail Address: **nikita@herbaltrade.com**

State/Province/Territory: **Mahrshtra**

Zip Code (Postal Code): **410208**

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: Mr. Ankit Aggarwal

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-