



Date:11/16/2024 0:04:16

Created Date
2022-03-04 00:34:34.0

Created by
ned99450

Registration Expiration Date
2026-12-31

Registration Renewed Date
2024-11-16

Last Updated
2024-11-16

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: **11459712674** Pin No **E4h7ja7f**

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

NEDSPICE DEHYDRATION INDIA LLP

Telephone Number

091 2844 299001

Facility Name Suffix

Company

Fax Number

Facility Street Address, Line 1

Survey.no 37/1-5, Opp. Lucky cold storage, Mahuva-Bhavnagar

E-Mail Address

ghodke@nedspice.com

Highway Village.Rohisa-364295

Facility Street Address, Line 2

Mahuva,Bhavnagar.

Unique Facility Identifier (UFI)

City

Mahuva, Bhavnagar

State/Province/Territory

Gujarat

Zip Code (Postal Code)

364295



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

NEDSPICE DEHYDRATION INDIA LLP

Telephone Number

091 2844 299001

Address, Line 1

Survey.no 37/1-5, Opp. Lucky cold storage, Mahuva-Bhavnagar

Fax Number

Highway Village.Rohisa-364295

Address, Line 2

Mahuva,Bhavnagar.

E-Mail Address

ghodke@nedspice.com

City

Mahuva, Bhavnagar

State/Province/Territory

Gujarat

Zip Code (Postal Code)

364295

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

Nedspice Holding B.V

Telephone Number

031 10 2801380

Company Name Suffix

Company

Fax Number

031 10 2801380

Address, Line 1

Weena 260

E-Mail Address

hvdwardt@nedspice.com

Address, Line 2

3012 NJ Rotterdam Netherland

City

Rotterdam

State/Province/Territory

Zuid-Holland

Zip Code (Postal Code)

3012



Country/Area

NETHERLANDS

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 2844 299001

Individual's Name (Optional)

E-Mail Address

ghodke@nedspice.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

Vantage Point Services

206 8788884 null

Address, Line 1

Emergency Contact Phone

22513 Marine View Dr S Ste 200

206 8788884

Address, Line 2

Fax Number

206 8789001

City

E-Mail Address

Des Moines

cindy@vantagept.com

State/Province/Territory

Washington

Zip Code (Postal Code)

98198

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

December

Harvest 2

Start Month

April

End Month

March

End Month

August

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) |
|--|--|--|---|---------------------------|--------------------------|--|---------------------|---------------------|--------------------------|-------------------|----------------------------------|--------------------------|---|
| | | | | | | | | | | | | | |

33. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES [21 CFR 170.3 (n) (19), (36)]

c. Other Vegetable and Vegetable Products

| | | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|

Other Activity Conducted

Manufacturer & Exporter of Dehydrated onion & Vegetable Products.

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. GULSHAN GEORGE JOHN & ALPHONS JACOBUS JOSEPHUS MARIE

Address, Line 1

Survey.no 37/1-5, Opp. Lucky cold storage, Mahuva-Bhavnagar

Highway Village.Rohisa-364295

Telephone Number

091 2844 299001



Address, Line 2

Mahuva, Bhavnagar.

City

Mahuva, Bhavnagar

State/Province/Territory

Gujarat

Zip Code (Postal Code)

364295

Country/Area

INDIA

Fax Number

E-Mail Address

ghodke@nedspice.com

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 RENEWAL: Pratik Jani

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-

