

Date:10/14/2024 3:40:30

Created Date	Created by
2017-03-15 14:42:43.0	all99968
Registration Expiration Date	Registration Renewed Date
2026-12-31	2024-10-04
Last Updated	Registration Status Reason
2024-10-14	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 ONo	
Are you a fishing vessel engaged in processing (21 CFR 1.226(f))?	
Oyes • ONo	
Section 1: Type of Registration	
Facility Location: Foreign Registration	
UPDATE OF REGISTRATION INFORMATION:	
Registration Number: 18537369262 Pin No 4f0C53aH	
Are you the new owner of a previously registered facility?	
Oyes ONo	
Previous Owner's Title:	
Previous Owner's Name:	
Previous Owner's Registration Number:	
Section 2: Facility Name/Address Information	
Facility Name	Telephone Number
ALL SEASON HERBS PRIVATE LIMITED	091 80 9845048292

Facility Name Suffix Fax Number

Limited Company

Facility Street Address, Line 1 E-Mail Address

No 64/1-2 and 72, Anugondanahalli Hobli Medimallasandra Post, info@allseasonherbs.com

Hosakote, Yedagondanahalli

Facility Street Address, Line 2 Unique Facility Identifier (UFI)

City

Bengaluru

State/Province/Territory

Karnataka

Zip Code (Postal Code)

560067



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

ALL SEASON HERBS PRIVATE LIMITED 091 80 9845048292

Address, Line 1 Fax Number

No 64/1-2 and 72, Anugondanahalli Hobli Medimallasandra Post,

Hosakote, Yedagondanahalli

Address, Line 2 E-Mail Address

info@allseasonherbs.com

City

Bengaluru

State/Province/Territory

Karnataka

Zip Code (Postal Code)

560067

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)

OSame as Preferred Mailing Address (Section 3)

ONone of the above

Company Name Telephone Number

ALL SEASON HERBS PRIVATE LIMITED 091 80 9845048292

Company Name Suffix Fax Number

Limited Company

Address, Line 1 E-Mail Address

No 64/1-2 and 72, Anugondanahalli Hobli Medimallasandra Post, info@allseasonherbs.com

Hosakote, Yedagondanahalli

Address, Line 2

City

Bengaluru

State/Province/Territory

Karnataka

Zip Code (Postal Code)

560067



Country/Area			
INIDIA .			

Section 5: Facility Emergency Contact Info	rmation
If information is the same as another section, check which	n section:
OSame as Facility Address (Section 2)	
● Same as U.S. Agent Information (Section 7)	
ONone of the above	
Individual's Title (Optional)	Emergency Contact Phone
Mr.	001 704 4492115
Individual's Name (Optional)	E-Mail Address
Thomas	thomaskurian@gmail.com
Individual's Middle Name (Optional)	Job Title (Optional)
Individual's Last Name (Optional)	
Kurian	
Section 6: Trade Names	
(If this facility uses trade names other than that listed in S	ection 2 above, list them below (e.g., "Also doing business as," "Facility also known as"))
	ddition to the name provided in Section 2: Facility Name/Address Information?
Oyes	is the figure provided in George 2 readily family realises intermediate.
⊙No	
Section 7: United States Agent	
(To be completed by facilities located outside any state or	r territory of the United States, District of Columbia, or The Commonwealth of Puerto Rico)
First Name	Telephone Number
_	

Thomas 704 4492115

Middle Name (Optional) **Emergency Contact Phone**

704 4492115

Fax Number Last Name

Kurian

Title (Optional) E-Mail Address

Mr. thomaskurian@gmail.com

Address, Line 1 1010 Dunard Ct

Address, Line 2

City

Indian Trail

State/Province/Territory

North Carolina

Zip Code (Postal Code)

28079



Country/Area UNITED STATE	S	.611	ō ^{5,5}	Ġ,			.6	SO	,	. 9			
Section 8: Se	easonal Facil	ity Dates of O	peration (Op	tional)									
Give the approxi Harvest 1 Start Month January Harvest 2 Start Month January Section 9: Ge	mate dates that y	our facility is oper	n for business, if it	ts operati	End Mc Decem End Mc Decem	onth ber onth			nal).			,00	÷ 2
		uct Categorie	s - Food for H	luman					f Activ	ity Coı	nducte	d at th	e
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	Interstat e Conveya nce Caterer / Catering Point	Contract	Labeler / Relabele	Manufact urer / Process or	Packer / Repacke	Salvage Operator (Recondi tioner)	Farm Mixed- Type Facility	Other Activity Conduct ed (Please Specify)
1.ALCOHOLIC BEVERAGES[21 CFR	Image: Control of the									\square			
2.BABY (INFANT AND JUNIOR) FOOD PRODUCTS Including Infant Formula	Ø							Ø	Ø	V			
3.BAKERY PRODUCTS, DOUGH MIXES, OR ICINGS[21 CFR 170.3 (n) (1), (9)]	Ø							Ø	Ø	Ø			
4.BEVERAGE BASES[21 CFR 170.3 (n)	Image: section of the content of the							v	Ø	Ø			



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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	Interstat e Conveya nce Caterer / Catering Point	Contract	Labeler / Relabele r	Manufact urer / Process or	Packer / Repacke r	Salvage Operator (Recondi tioner)	Farm Mixed- Type Facility	Other Activity Conduct ed (Please Specify)
5.CANDY WITHOUT CHOCOLATE, CANDY SPECIALTIES AND CHEWING GUM[21 CFR 170.3 (n) (6), (9), (25), (38)]	Ø									Ø			
6.CEREAL PREPARATIONS, BREAKFAST FOODS, QUICK COOKING / INSTANT CEREALS[21 CFR 170.3										Ø			3
	ESE PRODUCT CATE	GORIES [21 CFR 170.3 (n) (5)			,)				l			·	
a.Soft, Ripened Cheese										V			
b.Semi-Soft Cheese	\square									V			
c.Hard Cheese	\square									V			
d.Other Cheeses and Cheese Products	Image: section of the content of the									Ø			
8.CHOCOLATE AND COCOA PRODUCTS[21 CFR 170.3 (n) (3), (9), (38), (43)]	Ø							Ø	Ø	Ø			
9.COFFEE AND TEA _{[21} CFR 170.3 (n) (3), (7)]	Ø							V	V	V			



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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	Interstat e Conveya nce Caterer / Catering Point	Contract	Labeler / Relabele r	Manufact urer / Process or	Packer / Repacke	Salvage Operator (Recondi tioner)	Farm Mixed- Type Facility	Other Activity Conduct ed (Please Specify)
10.COLOR ADDITIVES FOR FOODS[21 CFR 170.3 (o) (4)]	Ø							\square	\square	\square			
11.DIETARY CONVENTIONAL FOODS OR MEAL REPLACEMENTS (Includes Medical Foods)[21 CFR 170.3 (n) (31)]	☑							☑	V	V			
12.DIETARY SUPPLE	EMENT CATEGORIES												
a.Proteins, Amino Acids, Fats and Lipid Substances _{[21 CFR}	Ø									Ø			
b.Vitamins and Minerals	Ø							Ø	Ø	\square			
c.Animal By-Products and Extracts	Ø									Ø			
d.Herbals and Botanicals	Ø							\square	Ø	Ø			
13.DRESSING AND CONDIMENTS[21 CFR 170.3 (n) (8), (12)]	\blacksquare									\square			
	OOD PRODUCT CATE	GORIES[21 CFR 170.3 (n) (13),	, (15), (39), (40)]	•. 6			*. (
a.Fin Fish, Whole or Filet	Ø									☑			
b.Molluscan Shellfish	d												
c Other Shellfish				_						V			_



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	Interstat e Conveya nce Caterer / Catering Point	Contract	Labeler / Relabele	Manufact urer / Process or	Packer / Repacke r	Salvage Operator (Recondi tioner)	Farm Mixed- Type Facility	Other Activity Conduct ed (Please Specify)
d.Ready to Eat (RTE) Fishery Products	I									\square			
e.Processed and Other Fishery Products	Ø									Ø			
15.FOOD ADDITIVES, GENERALLY RECOGNIZED AS SAFE (GRAS) INGREDIENTS, OR OTHER INGREDIENTS USED FOR PROCESSING[21 CFR 170.3 (n) (42): 21 CFR 170.3 (o) (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)]									Ø				
16.FOOD SWEETENERS (NUTRITIVE) [21 CFR 170.3 (n) (9) (41), 21 CFR 170.3 (o) (21)]	Ø									V			
17.FRUIT AND FRUIT	PRODUCTS[21 CFR 170.3	8 (n) (16), (27), (28), (35), (43)]							Ι			•	
a.Fresh Cut Produce	\square							\square	Ø				
b.Raw Agricultural Commodities	Ø							Ø	Ø	Ø			
c.Other Fruit and Fruit Products	\square							V	Ø	V			



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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	Interstat e Conveya nce Caterer / Catering Point	Contract	Labeler / Relabele r	Manufact urer / Process or	Packer / Repacke	Salvage Operator (Recondi tioner)	Farm Mixed- Type Facility	Other Activity Conduct ed (Please Specify)
18.FRUIT OR VEGETABLE JUICE, PULP OR CONCENTRATE PRODUCTS[21 CFR 170.3 (n) (3), (16), (35)]	Š.							Ø	Ø	Ø			
19.GELATIN, RENNET, PUDDING MIXES, OR PIE FILLINGS[21 CFR 170.3	Ø							<u> </u>		Ø			
20.ICE CREAM AND RELATED PRODUCTS[21 CFR 170.3 (n) (20), (21)]	Ø									V			
21.IMITATION MILK PRODUCTS [21 CFR 170.3 (n) (10)]	Ø		- 0							I			
22.MACARONI OR NOODLE PRODUCTS[21 CFR 170.3 (n) (23)]	Ø									\square			
23.MEAT, MEAT PRODUCTS AND POULTRY (FDA REGULATED)[21 CFR 170.3 (n) (17), (18), (29), (34), (39), (40)]	Ø									V			
24.MILK, BUTTER, OR DRIED MILK PRODUCTS[21 CFR 170.3 (n) (12), (30), (31)]	Ø									\square			



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	Interstat e Conveya nce Caterer / Catering Point	Contract	Labeler / Relabele r	Manufact urer / Process or	Packer / Repacke r	Salvage Operator (Recondi tioner)	Farm Mixed- Type Facility	Other Activity Conduct ed (Please Specify)
25.MULTIPLE FOOD DINNERS, GRAVIES, SAUCES AND SPECIALTIES[21 CFR 170.3 (n) (11) (14), (17), (18), (23), (24), (29), (34), (40)]	Ø									V			
26.NUTS AND EDIBLE	SEED PRODUCT CA	TEGORIES[21 CFR 170.3 (n) (26), (32)]				Г			ı			1
a.Nut and Nut Products	Ø									Ø			
b.Edible Seed and Edible Seed Products	Ŋ									V			
27.PREPARED SALAD PRODUCTS[21 CFR 170.3 (n) (11), (17), (18), (22), (29), (34), (35)]	Ø									Ø			
28.SHELL EGG AND E	EGG PRODUCT CATE	GORIES[21 CFR 170.3 (n) (11), (14)]	ı			I			ı			ı
a.Chicken Egg and	Ø									a			
b.Other Eggs and Egg Products	Image: section of the content of the									Ø			
29.SNACK FOOD ITEMS (FLOUR, MEAL OR VEGETABLE BASE)[21 CFR 170.3 (n)	Ø									Ø			



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	Interstat e Conveya nce Caterer / Catering Point	Contract	Labeler / Relabele r	Manufact urer / Process or	Packer / Repacke r	Salvage Operator (Recondi tioner)	Farm Mixed- Type Facility	Other Activity Conduct ed (Please Specify)
30.SPICES, FLAVORS, AND SALTS[21 CFR 170.3 (n)	Ø							V	Ø	Ø			
31.SOUPS[21 CFR 170.3										4			
32.SOFT DRINKS AND WATERS[21 CFR 170.3 (n) (3), (35)]	☑									V			
33.VEGETABLE AND	VEGETABLE PRODU	CT CATEGORIES[21 CFF	R 170.3 (n) (19), (36)]		,							1	
a.Fresh Cut Products	Ø							Ø	\square	V			
b.Raw Agricultural Commodities	\square							I	Ø				
c.Other Vegetable and Vegetable Products	\square									\square			
34.VEGETABLE OILS (INCLUDES OLIVE OIL)[21 CFR 170.3	Ø									\square			
35.VEGETABLE PROTEIN PRODUCTS (SIMULATED MEATS)[21 CFR 170.3 (n)	Ø									Ø			
36.WHOLE GRAINS, MILLER GRAIN PRODUCTS (FLOURS), OR STARCH[21 CFR 170.3 (n)	Ø									V			



To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY,	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	Interstat e Conveya nce Caterer / Catering Point	Contract	Manufact urer / Process or	Packer / Repacke r	Salvage Operator (Recondi tioner)	Farm Mixed- Type Facility	Other Activity Conduct ed (Please Specify)
37.IF NONE OF THE ABOVE FOOD CATEGORIES APPLY, THEN PRINT THE APPLICABLE FOOD CATEGORY OR CATEGORIES (THAT DOES NOT OR DO NOT APPEAR ABOVE)	✓								Ø			
If the food categories		apply, then print the a	pplicable food catego	ry or categ	ories.						0	

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	Animal food manufacturer / Processor	Animal Food Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain	Acidified Food Processor	Low Acid Food Processor	Contract Sterilizer	Packer / Repacker	Labeler / Relabeler	Salvage Operator (Reconditi oner)	Farm Mixed- Type Facility	Other Activity (Please Specify)
MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 33	,OP	elevators)								
2.OILSEED OR OILSEED PRODUCTS (I.E., COTTONSEED, SOYBEANS, OTHER OILSEEDS OR OILSEED PRODUCTS)	☑					Ø				
6.BOTANICALS AND HERBS	\square	I				\square	V			



	.0					6.0			0	
To be completed by all	Animal food	Animal Food	Acidified Food	Low Acid	Contract	Packer /	Labeler /	Salvage	Farm	Other
animal food facilities.	manufacturer /	Warehouse / Holding	Processor	Food	Sterilizer	Repacker	Relabeler	Operator	Mixed-	Activity
Please see instructions	Processor	Facility (e.g., storage	.9)	Processor				(Reconditi	Туре	(Please
for further examples. IF		facilities, including						oner)	Facility	Specify)
NONE OF THE		storage tanks, grain	>							
MANDATORY		elevators)								
CATEGORIES BELOW										
APPLY, SELECT BOX	•									
33			6.0		.0			0		
32.PET NUTRITIONAL										
SUPPLEMENTS (E.G.,	$\overline{\mathbf{V}}$	\square				$\overline{\mathbf{V}}$	$\overline{\mathbf{Q}}$			
VITAMINS, MINERALS)			<i>></i> C							

Section 10: Owner, Operator, or Agent-in-Charge Information

Provide the following information, if different from all other sections on the form	n. 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							
OSection 3 - Preferred Mailing Address Information							
OSection 4 - Parent Company Address Information							
OSection 7 - US Agent Address Information							
ONone of the above							
Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: GOKUL GOPINATH							
Address, Line 1	Telephone Number						
No 64/1-2 and 72, Anugondanahalli Hobli Medimallasandra Post,	091 80 9845048292						
Hosakote, Yedagondanahalli							
Address, Line 2	Fax Number						
City	E-Mail Address						
Bengaluru	info@allseasonherbs.com						
State/Province/Territory							
Karnataka							
Zip Code (Postal Code)							
560067							
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.

-N/A-

NAME OF PERSON SUBMITTING THIS REGISTRATION FORM: GOKUL GOPINATH

CHECK ONE BOX

Oa. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)

OB. ANOTHER AUTHORIZED INDIVIDUAL

Address Information for the Authorizing Individual:

Individual's Name Telephone Number

-N/A--N/A-

Address, Line 1 Fax Number

-N/A--N/A-

Address, Line 2 E-Mail Address

City

State/Province/Territory

Zip Code (Postal Code)

Country/Area

-N/A-

-N/A-

-N/A-

-N/A-

-N/A-