

FDA | U.S. Food and Drug Administration

Food Facility Registration

Please review your registration. If all information is correct, click the Submit button below. To make changes to a section, click the Edit button for that section.

Date	Created by
04/28/2021 10:57:42	fda57722
Created Date	Registration Renewed Date
2015-06-03 22:04:45.0	2020-12-20
Registration Expiration Date	
2022-12-31	
Last Updated	
2021-03-08	
Registration Status	
VALID	
Registration Status Reason	
Biennial Registration Renewal - 2020	

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: 10281354210* Pin No **8xA4j9Jd** [Modify Pin](#)

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	Telephone Number
PENVER PRODUCTS LIMITED	091 98470 54605
Facility Name Suffix	Fax Number
Limited	
Facility Street Address, Line 1	E-Mail Address
VODURU VILLAGE, CHILLAKUR MANDAL	info@penverproducts.com
Facility Street Address, Line 2	Unique Facility Identifier (UFI)
NELLORE DISTRICT	854129190
City	
NELLORE	
State/Province/Territory	

Andhra Pradesh

Zip/Postal Code
524410

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
PENVER PRODUCTS LIMITED	091 98470 54605
Address, Line 1	Fax Number
VODURU VILLAGE, CHILLAKUR MANDAL	
Address, Line 2	E-Mail Address
NELLORE DISTRICT	info@penverproducts.com
City	
NELLORE	
State/Province/Territory	
Andhra Pradesh	
Zip Code (Postal Code)	
524410	
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
PENVER PRODUCTS LIMITED	091 98470 54605
Company Name Suffix	Fax Number
Limited	
Address, Line 1	E-Mail Address
VODURU VILLAGE, CHILLAKUR MANDAL	info@penverproducts.com
Address, Line 2	
NELLORE DISTRICT	
City	
NELLORE	

State/Province/Territory

Andhra Pradesh

Zip Code (Postal Code)

524410

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)

Mr

Emergency Contact Phone

091 98470 54605

Individual's Name (Optional)

PHILLIPS

E-mail Address

PHILLIPS@PENVERPRODUCTS.COM

Individual's Middle Name (Optional)

Job Title (Optional)

Individual's Last Name (Optional)

THOMAS**MANAGING DIRECTOR**

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)

U.S. Agent ID

USID7389078

Telephone Number

310 8346458

Name

FDAUSAGENT.COM INC

Emergency Contact Phone

310 4308625

Address, Line 1

603 N Fries Ave

Fax Number

310 8346458

Address, Line 2

E-Mail Address

City

Wilmington**contact@fdausagent.com**

State/Province/Territory

California

Zip Code (Postal Code)

90744

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**

Selected Product Name	Selected Activity Types
14. FISHERY / SEAFOOD PRODUCT CATEGORIES [21 CFR 170.3 (n) (13), (15), (39), (40)]	
c. Other Shellfish	Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities); Manufacturer / Processor;
d. Ready to Eat (RTE) Fishery Products	Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities); Manufacturer / Processor;
e. Processed and Other Fishery Products	Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities); Manufacturer / Processor;

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 - U.S. Agent Address Information
 None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge : PHILLIPS THOMAS

Address, Line 1

VODURU VILLAGE, CHILLAKUR MANDAL

Telephone Number

091 98470 54605

Address, Line 2
NELLORE DISTRICT

Fax Number

City
NELLORE

E-Mail Address
info@penverproducts.com

State/Province/Territory
Andhra Pradesh

Zip Code (Postal Code)
524410

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: Barbara Clarke /
 FDAUSAgent.com Inc

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-

