



Date:10/10/2022 14:28:55

Created Date

2017-02-27 10:12:25.0

Registration Expiration Date

2024-12-31

Last Updated

2022-10-10

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

Registration Renewed Date

2022-10-10

Registration Status Reason

Biennial Registration Renewal - 2020

Section 1: Type of Registration

Facility Location: **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **13361976370** Pin No **5IHD89Db**

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

M/s Forbes Pharmaceuticals

Facility Name Suffix

Limited

Facility Street Address, Line 1

507, Buisness Park, Tilak Road

Facility Street Address, Line 2

Ghatkopar (East)

City

Mumbai

State/Province/Territory

Maharashtra

Zip Code (Postal Code)

400077

Country/Area

INDIA

Telephone Number

091 22 21024041

Fax Number

E-Mail Address

info@forbespharma.in

Unique Facility Identifier (UFI)



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
M/s Forbes Pharmaceuticals	091 22 21024041
Address, Line 1	Fax Number
507, Buisness Park, Tilak Road	
Address, Line 2	E-Mail Address
Ghatkopar (East)	info@forbespharma.in
City	
Mumbai	
State/Province/Territory	
Maharashtra	
Zip Code (Postal Code)	
400077	
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
M/s Forbes Pharmaceuticals	091 22 21024041
Company Name Suffix	Fax Number
Limited	
Address, Line 1	E-Mail Address
507, Buisness Park, Tilak Road	info@forbespharma.in
Address, Line 2	
Ghatkopar (East)	
City	
Mumbai	
State/Province/Territory	
Maharashtra	
Zip Code (Postal Code)	
400077	
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)

Other

Individual's Title Other

CEO

Individual's Name (Optional)

Amarish

Individual's Middle Name (Optional)

Individual's Last Name (Optional)

Parikh

Emergency Contact Phone

001 914 8337070

E-Mail Address

aparikh@ampakcompany.com

Job Title (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)

First Name

Amarish

Middle Name (Optional)

Last Name

Parikh

Title (Optional)

CEO

Address, Line 1

1890 Palmer Ave Ste 203

Address, Line 2

City

Larchmont

State/Province/Territory

New York

Zip Code (Postal Code)

10538

Telephone Number

914 8337070 null

Emergency Contact Phone

914 8337070

Fax Number

E-Mail Address

aparikh@ampakcompany.com



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

b. Vitamins and Minerals	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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: Amarish Parikh

Address, Line 1

1890 Palmer Ave Ste 203

Address, Line 2

Telephone Number

001 914 8337070

Fax Number



City **Larchmont** E-Mail Address **aparikh@ampakcompany.com**

State/Province/Territory **New York**

Zip Code (Postal Code) **10538**

Country/Area **UNITED STATES**

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: Ellen Lauber

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	Telephone Number
-N/A-	-N/A-
Address, Line 1	Fax Number
-N/A-	-N/A-
Address, Line 2	E-Mail Address
-N/A-	-N/A-
City	
-N/A-	
State/Province/Territory	
-N/A-	
Zip Code (Postal Code)	
-N/A-	
Country/Area	
-N/A-	