



Date:11/09/2022 2:20:11

Created Date
2012-12-18 23:38:54.0

Registration Expiration Date
2022-12-31

Last Updated
2022-11-09

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 broker, distributor, importer/filer?

Yes No

Do you take physical possession of the food?

Yes No

Created by

xxxxxx

Registration Renewed Date

2020-10-06

Registration Status Reason

Biennial Registration Renewal - 2020

Section 1: Type of Registration

Facility Location: **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **13168342590**

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

SUWANNAPHUM RICE

Facility Name Suffix

Other

Facility Name Suffix Other

COMPANY LIMITED

Facility Street Address, Line 1

1/2-3 MOO 6 SRISACHORAKHAE YAI

Facility Street Address, Line 2

BANGSAOTHONG

City

SAMUTPRAKARN

Telephone Number

066 2 3370987

Fax Number

066 2 7405799

E-Mail Address

chanunya@suwannaphumrice.com

Unique Facility Identifier (UFI)



State/Province/Territory

Samut Prakan

Zip Code (Postal Code)

10570

Country/Area

THAILAND

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

SUWANNAPHUM RICE

Telephone Number

066 2 3370987

Address, Line 1

1/2-3 MOO 6 SRISACHORAKHAE YAI

Fax Number

066 2 7405799

Address, Line 2

BANGSAOTHONG

E-Mail Address

chanunya@suwannaphumrice.com

City

SAMUTPRAKARN

State/Province/Territory

Samut Prakan

Zip Code (Postal Code)

10570

Country/Area

THAILAND

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

SUWANNAPHUM RICE

Telephone Number

066 2 3370987

Company Name Suffix

Other

Fax Number

066 2 7405799

Company Name Suffix Other

COMPANY LIMITED

Address, Line 1

1/2-3 MOO 6 SRISACHORAKHAE YAI

E-Mail Address

chanunya@suwannaphumrice.com

Address, Line 2

BANGSAOTHONG



City

SAMUTPRAKARN

State/Province/Territory

Samut Prakan

Zip Code (Postal Code)

10570

Country/Area

THAILAND

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

Individual's Name (Optional)

E-Mail Address

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)

First Name

Telephone Number

Middle Name (Optional)

Emergency Contact Phone

Last Name

Fax Number

Title (Optional)

E-Mail Address

Address, Line 1

Address, Line 2



City

State/Province/Territory

Zip Code (Postal Code)

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)
36. WHOLE GRAINS, MILLER GRAIN PRODUCTS (FLOURS), OR STARCH ^{(1), (23)}	<input checked="" type="checkbox"/>	<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"/>

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: PANYA JINTATEERACHAI

Address, Line 1

1/2-3 MOO 6 SRISACHORAKHAE YAI

Telephone Number

066 2 3370987

Address, Line 2

BANGSAOTHONG

Fax Number

066 2 7405799

City

SAMUTPRAKARN

E-Mail Address

chanunya@suwannaphumrice.com

State/Province/Territory

Samut Prakan

Zip Code (Postal Code)

10570

Country/Area

THAILAND

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: Chanunya Jintateerachai

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-