Date: Sep 8, 2026, 8:21:38 AM

Section 1 Type of Registration

1a.	FOREIGN REGISTRATION
1b.	INITIAL REGISTRATION: **19140428648** [redacted]

ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY? ○ **Yes** ◉ **No**

1c.	PREVIOUS OWNER'S TITLE : PREVIOUS OWNER'S NAME : PREVIOUS OWNER'S REGISTRATION NUMBER :

Section 2 Facility Name/Address Information

FACILITY NAME: Growbiz International

FACILITY NAME SUFFIX: Company

FACILITY STREET ADDRESS, Line1: [redacted]

FACILITY STREET ADDRESS, Line2:

CITY: New Delhi	STATE/PROVINCE/TERRITORY: Delhi

ZIP CODE (POSTAL CODE): 110092

COUNTRY/AREA: India

PHONE NUMBER (Include Area/Country Code): [redacted]

FAX NUMBER (Include Area/Country Code):

E-MAIL ADDRESS: [redacted]

Section 3 Preferred Mailing Address Information

(Complete this section only if different from Section 2, Facility Name/Address Information)

If information is the same as section 2, check the box: ☑

NAME: Growbiz International

ADDRESS, Line1: [redacted]

ADDRESS, Line2:

CITY: New Delhi	STATE/PROVINCE/TERRITORY: Delhi

ZIP CODE (POSTAL CODE): 110092

COUNTRY/AREA: India

PHONE NUMBER (Include Area/Country Code): [redacted]

FAX NUMBER (Include Area/Country Code):

E-MAIL ADDRESS: [redacted]

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:

◉ Section 2 - Facility Address Information

○ Section 3 - Preferred Mailing Address Information

○ None of the above

NAME OF PARENT COMPANY: Growbiz International

PARENT COMPANY SUFFIX: Company

STREET ADDRESS OF PARENT COMPANY, Line 1: [redacted]

STREET ADDRESS OF PARENT COMPANY, Line2:

CITY: New Delhi	STATE/PROVINCE/TERRITORY: Delhi
ZIP CODE (POSTAL CODE): 110092	
COUNTRY/AREA: India	
PHONE OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code): [redacted]	
FAX # OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code):	
E-MAIL ADDRESS OF INDIVIDUAL AT PARENT COMPANY: [redacted]	

Section 5 Emergency Contact Information

For foreign facilities, FDA will use your U.S. agent as your emergency contact unless you choose to designate a different contact here.

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:	INDIVIDUAL's TITLE OTHER:
INDIVIDUAL'S NAME: [redacted]	
INDIVIDUAL'S MIDDLE NAME:	
INDIVIDUAL'S LAST NAME: [redacted]	
TITLE:	
EMERGENCY CONTACT PHONE (Include Area/Country Code): 1 [redacted]	
E-MAIL ADDRESS: [redacted]	

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"):

ALTERNATE TRADE NAME # 1: Hub Herb India
ALTERNATE TRADE NAME # 2: Ayushalya

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 Commenwealth of Puerto Rico)

FIRST NAME OF U.S. AGENT: [redacted]	
MIDDLE NAME OF U.S. AGENT:	
LAST NAME OF U.S. AGENT: [redacted]	
TITLE:	
ADDRESS, Line 1: [redacted]	
ADDRESS,Line 2:	
CITY: [redacted]	STATE: [redacted]
ZIP CODE (POSTAL CODE): [redacted]	COUNTRY/AREA: United States
PHONE NUMBER (Include Area/Country Code): [redacted]	
EMERGENCY CONTACT PHONE NUMBER (Include Area Code): [redacted]	
FAX NUMBER (Include Area/Country Code):	
EMAIL ADDRESS: [redacted]	

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.

For Harvest 1

Start Month: End Month:

For Harvest 2

Start Month: End Month:

Section 9 General Product Categories - HUMAN/ANIMAL/BOTH

☑ Food for Human Consumption ☐ Food for Animal Consumption

Section 9a Food for Human Consumption

To be completed by all food facilities. Please see instructions for further examples.		**TYPE OF ACTIVITY CONDUCTED AT THE FACILITY (Optional)** **Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food.**												
		Ambient Food Storage Warehou / Holding Facility (e.g., storage facilities includin storage tanks, grain elevators	Refriger Food Storage Warehou / Holding Facility (e.g., storage facilities includin storage tanks)	Frozen Food Storage Warehou / Holding Facility (e.g., storage facilities	Acidifie Food Processo	Low Acid Food Processo	Interstat Conveya Caterer / Catering Point	Contract Sterilize	Labeler / Relabele	Manufac / Processo	Repacke / Packer	Salvage Operato (Recond	Farm Mixed-Type Facility	Other Activity Conduct (Please Specify Below Row 37)
☐	1. ALCOHOLIC BEVERAGES [21 CFR 170.3 (n) (2)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	2. BABY (INFANT AND JUNIOR) FOOD PRODUCTS Including Infant Formula	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	3. BAKERY PRODUCTS, DOUGH MIXES, OR ICINGS [21 CFR 170.3 (n) (1), (9)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	4. BEVERAGE BASES [21 CFR 170.3 (n) (3), (35)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	5. CANDY WITHOUT CHOCOLATE, CANDY SPECIALTIES AND CHEWING GUM [21 CFR 170.3 (n) (6), (9), (25), (38)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	6. CEREAL PREPARATIONS BREAKFAST FOODS,	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

	QUICK COOKING / INSTANT CEREALS [21 CFR 170.3 (n) (4)]													
☐	7. CHEESE AND CHEESE PRODUCT CATEGORIES [21 CFR 170.3 (n) (5)]													
☐	a. Soft, Ripened Cheese	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	b. Semi-Soft Cheese	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	c. Hard Cheese	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	d. Other Cheeses and Cheese Products	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	8. CHOCOLATE AND COCOA PRODUCTS [21 CFR 170.3 (n) (3), (9), (38), (43)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☑	9. COFFEE AND TEA [21 CFR 170.3 (n) (3), (7)]	☑	☐	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	☐
☐	10. COLOR ADDITIVES FOR FOODS [21 CFR 170.3 (o) (4)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	11. DIETARY CONVENTIONA FOODS OR MEAL REPLACEMENT (Includes Medical Foods) [21 CFR 170.3 (n) (31)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☑	12. DIETARY SUPPLEMENT CATEGORIES													
☐	a. Proteins, Amino Acids, Fats and Lipid Substances [21 CFR 170.3(o) (20)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	b. Vitamins and Minerals	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	c. Animal By-Products and Extracts	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☑	d. Herbals and Botanicals	☑	☐	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	☐

☐	13. DRESSING AND CONDIMENTS [21 CFR 170.3 (n) (8), (12)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	14. FISHERY / SEAFOOD PRODUCT CATEGORIES [21 CFR 170.3 (n) (13), (15), (39), (40)]													
☐	a. Fin Fish, Whole or Filet	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	b. Molluscan Shellfish	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	c. Other Shellfish	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	d. Ready to Eat (RTE) Fishery Products	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	e. Processed and Other Fishery Products	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	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)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	16. FOOD SWEETENERS (NUTRITIVE) [21 CFR 170.3 (n) (9) (41), 21 CFR 170.3 (o) (21)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	17. FRUIT AND FRUIT PRODUCTS [21 CFR 170.3 (n) (16), (27), (28), (35), (43)]													
☐	a. Fresh Cut Produce	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	b. Raw Agricultural	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

	Commodities													
☐	c. Other Fruit and Fruit Products	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	18. FRUIT OR VEGETABLE JUICE, PULP OR CONCENTRATE PRODUCTS [21 CFR 170.3 (n) (3), (16), (35)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	19. GELATIN, RENNET, PUDDING MIXES, OR PIE FILLINGS [21 CFR 170.3 (n) (22)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	20. ICE CREAM AND RELATED PRODUCTS [21 CFR 170.3 (n) (20), (21)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	21. IMITATION MILK PRODUCTS [21 CFR 170.3 (n) (10)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	22. MACARONI OR NOODLE PRODUCTS [21 CFR 170.3 (n) (23)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	23. MEAT, MEAT PRODUCTS AND POULTRY (FDA REGULATED) [21 CFR 170.3 (n) (17), (18), (29), (34), (39), (40)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	24. MILK, BUTTER, OR DRIED MILK PRODUCTS [21 CFR 170.3 (n) (12), (30), (31)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	25. MULTIPLE FOOD DINNERS, GRAVIES, SAUCES AND SPECIALTIES [21 CFR 170.3 (n) (11) (14), (17), (18), (23), (24), (29), (34), (40)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

☑	26. NUTS AND EDIBLE SEED PRODUCT CATEGORIES [21 CFR 170.3 (n) (26), (32)]													
☐	a. Nut and Nut Products	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☑	b. Edible Seed and Edible Seed Products	☑	☐	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	☐
☐	27. PREPARED SALAD PRODUCTS [21 CFR 170.3 (n) (11), (17), (18), (22), (29), (34), (35)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	28. SHELL EGG AND EGG PRODUCT CATEGORIES [21 CFR 170.3 (n) (11), (14)]													
☐	a. Chicken Egg and Egg Products	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	b. Other Eggs and Egg Products	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	29. SNACK FOOD ITEMS (FLOUR, MEAL OR VEGETABLE BASE) [21 CFR 170.3 (n) (37)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☑	30. SPICES, FLAVORS, AND SALTS [21 CFR 170.3 (n) (26)]	☑	☐	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	☐
☐	31. SOUPS [21 CFR 170.3 (n) (39), (40)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	32. SOFT DRINKS AND WATERS [21 CFR 170.3 (n) (3), (35)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	33. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES [21 CFR 170.3 (n) (19), (36)]													
☐	a. Fresh Cut Products	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	b. Raw Agricultural Commodities	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

☐	c. Other Vegetable and Vegetable Products	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	34. VEGETABLE OILS (INCLUDES OLIVE OIL) [21 CFR 170.3 (n) (12)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	35. VEGETABLE PROTEIN PRODUCTS (SIMULATED MEATS) [21 CFR 170.3 (n) (33)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	36. WHOLE GRAINS, MILLER GRAIN PRODUCTS (FLOURS), OR STARCH [21 CFR 170.3 (n) (1), (23)]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	37. NONE OF THE ABOVE FOOD CATEGORIES	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
If the food categories listed above do not apply, then print the applicable food category or categories.														
Other Activity Conducted														

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:

- (•) Section 2 - Facility Address Information
- ( ) Section 3 - Preferred Mailing Address Information
- ( ) Section 4 - Parent Company Address Information
- ( ) Section 7 - US Agent Address Information

NAME OF ENTITY OR INDIVIDUAL WHO IS THE OWNER, OPERATOR, OR AGENT IN CHARGE: Monika Singhal

STREET ADDRESS, Line 1: F-244, Laxmi Nagar, Mangal Bazar, Gali no. 2, New Delhi

STREET ADDRESS, Line 2:

CITY: New Delhi STATE/PROVINCE/TERRITORY: Delhi

ZIP CODE (POSTAL CODE): 110092

COUNTRY/AREA: India

PHONE NUMBER (Include Area/Country Code): 91 931 2484436

FAX NUMBER (OPTIONAL; Include Area/Country Code):

E-MAIL ADDRESS (Required unless FDA has granted a waiver under 21 CFR 1.245): [redacted]

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 the Submitter: [redacted]

CHECK ONE BOX

◉ **A.**OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)

○ **B.**INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION

ADDRESS INFORMATION FOR THE AUTHORIZING INDIVIDUAL: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line1: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line2: -N/A-

CITY: -N/A-

STATE/PROVINCE/TERRITORY: -N/A-

ZIP CODE (POSTAL CODE): -N/A-

COUNTRY/AREA: -N/A-

PHONE NUMBER (Include Area/Country Code): -N/A-

FAX NUMBER (Optional; Include Area/Country Code): -N/A-

E-MAIL ADDRESS (Required unless FDA has granted a waiver under 21 CFR 1.245): -N/A-