



State/Province/Territory  
**Manisa**

Zip/Postal Code  
**45300**

Country/Area  
**TURKEY**

### 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 **SARDES GIDA SAN. VE TAR. URUNLERİ TIC. ITH. IHR.LTD. STI.** Telephone Number **090 236 7425225**

Address, Line 1 **SALİH Lİ ORGANİZİ SANAYİ BOLGESİ** Fax Number **090 236 7425137**

Address, Line 2  
NO. 5 CALISLU

City

City

State/Province/Territory  
**Manisa**

Zip Code (Postal Code)  
**45300**

Country/Area  
**TURKEY**

#### 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 **SARDES GIDA SAN. VE TAR. URUNLERİ TIC. ITH. IHR.LTD. STI.** Telephone Number **090 236 7425225**

Company Name Suffix **Limited** Fax Number **090 236 7425137**

Address, Line 1  E-Mail Address   
kaliteguvence@sardes.com.tr

Address, Line 2

City

State/Province/Territory



#### 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
33. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES [21 CFR 170.3 (n) (19), (36)]	
c. Other Vegetable and Vegetable Products	Acidified Food Processor; Low-Acid Food Processor; 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 : MEHMET DEMIR

Address, Line 2  
**NO : 5 SALIHLI** Fax Number  
**090 236 7425137**

City **MANISA** E-Mail Address **kaliteguvence@sardes.com.tr**

State/Province/Territory  
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Zip Code (Postal Code)  
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## 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: Emre Urlu

### 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-	