

FDA

U.S. Food and Drug Administration
Food Facility Registration

Date: 10/31/2024 16:53:24

Please review the registration.

Created Date	Created by
2024-10-31 16:52:19.0	eur77991
Registration Expiration Date	Registration Renewed Date
2026-12-31	
Last Updated	Last Modified by
2024-10-31	eur77991
Last Modified by Company	
IVORY COCOA WASTE PRODUCTS	
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 fishing vessel engaged in processing (21 CFR 1.226(f))?

☐ Yes ☒ No

Section 1: Type of Registration

Facility Location : Foreign Registration

FACILITY REGISTRATION NUMBER 12129142846 Pin No 42GA73BG

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
IVORY COCOA WASTE PRODUCTS	225 078 7504281
Facility Name Suffix	Fax Number
Other	
Facility Name Suffix Other	E-Mail Address
SAS	fabrice.metch@icwp.ci
Facility Street Address, Line 1	Unique Facility Identifier (UFI)
RESIENCE DE LA PAIX	561384317
Facility Street Address, Line 2	
City	
ABIDJAN	
State/Province/Territory	
Abidjan	
Zip/Postal Code	
NONE	

Country/Area
CÔTE D'IVOIRE

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

IVORY COCOA WASTE PRODUCTS

Telephone Number

225 078 7504281

Address, Line 1

RESIENCE DE LA PAIX

Fax Number

Address, Line 2

E-Mail Address

fabrice.metch@icwp.ci

City

ABIDJAN

State/Province/Territory

Abidjan

Zip Code (Postal Code)

NONE

Country/Area

CÔTE D'IVOIRE

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

IVORY COCOA WASTE PRODUCTS

Telephone Number

225 078 7504281

Company Name Suffix

Other

Fax Number

Company Name Suffix Other

SAS

E-Mail Address

fabrice.metch@icwp.ci

Address, Line 1

RESIENCE DE LA PAIX

Address, Line 2

City

ABIDJAN

State/Province/Territory

Abidjan

Zip Code (Postal Code)

NONE

Country/Area

CÔTE D'IVOIRE

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)*

Individual's Name *(Optional)*

FABRICE

Individual's Middle Name *(Optional)*

Individual's Last Name *(Optional)*

METCH

Emergency Contact Phone

225 078 750281

E-mail Address

fabrice.metch@icwp.ci

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)

U.S. Agent ID

USID1223226

Telephone Number

202 4666330 07393

Name

EUROCONSULTANTS Inc.

Emergency Contact Phone

202 7851523

Address, Line 1

1777 Church Street NW

Fax Number

202 4666334

Address, Line 2

Suite B

E-Mail Address

enregistrementFDA@eurconsult.com

City

Washington

State/Province/Territory

District of Columbia

Zip Code (Postal Code)

20036

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 Processor	Low-Acid Food Processor	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)
8. CHOCOLATE AND COCOA PRODUCTS [21 CFR 170.3 (n) (3), (9), (38), (43)]	<input checked="" type="checkbox"/>	<input checked="" 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 - U.S. Agent Address Information

☐

None of the above

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

Address, Line 1
RESIENCE DE LA PAIX

Telephone Number
225 078 7504281

Address, Line 2

Fax Number

City
ABIDJAN

E-Mail Address
fabrice.metch@icwp.ci

State/Province/Territory
Abidjan

Zip Code (Postal Code)
NONE

Country/Area
CÔTE D'IVOIRE

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: MICHELE SICARD - EUROCONSULTANTS

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-	