



Date:10/12/2022 2:25:32

Created Date

2012-02-13 23:27:10.0

Registration Expiration Date

2024-12-31

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

☒ Yes ☐ No

Section 1: Type of Registration

Facility Location: **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **13071326914**

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

W Hydrocolloids (Formerly PCI Worldwide, Inc.)

Telephone Number

063 046 4302867

Facility Name Suffix

Incorporated

Fax Number

Facility Street Address, Line 1

L1 B10 Phase 4, Mountview 1 Industrial Complex

E-Mail Address

qcd@rico.com.ph

Facility Street Address, Line 2

Bancal

Unique Facility Identifier (UFI)

City

Carmona

State/Province/Territory

Cavite

Zip Code (Postal Code)

4116

Country/Area

PHILIPPINES

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)? No

Name

W Hydrocolloids Inc.

Telephone Number

063 02 88563838 2689



Address, Line 1

26th Floor W Building, Fifth Avenue

Address, Line 2

Bonifacio Global City

City

Taguig

State/Province/Territory

National Capital Region

Zip Code (Postal Code)

1634

Country/Area

PHILIPPINES

Fax Number

063 02 88561033

E-Mail Address

qmsc@rico.com.ph

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

W Hydrocolloids, Inc.

Telephone Number

063 02 88563838 1078

Company Name Suffix

Incorporated

Fax Number

063 02 88561033

Address, Line 1

26th Floor W Building, Fifth Avenue

E-Mail Address

winston@rico.com.ph

Address, Line 2

City

TAGUIG CITY

State/Province/Territory

National Capital Region

Zip Code (Postal Code)

1634

Country/Area

PHILIPPINES

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

063 046 4302867

Individual's Name (Optional)

E-Mail Address

qcd@rico.com.ph

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)

Name

American Asiatic Company, LLC.

Telephone Number

424 2238754 null

Address, Line 1

14086 La Salle Ct.

Emergency Contact Phone

310 9930674

Address, Line 2

Fax Number

424 2238754

City

Fontana

E-Mail Address

henry.delavega@rico.com.ph

State/Province/Territory

California

Zip Code (Postal Code)

92336

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	Interstat e Conveya nce Caterer / Catering Point	Contract Sterilizer	Labeler / Relabele r	Manufact urer / Process or	Packer / Repacke r	Salvage Operator (Recondi tioner)	Farm Mixed- Type Facility	Other Activity Conduct ed (Please Specify)
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)]	<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 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: W Hydrocolloids, Inc.

Address, Line 1

26th Floor W Building, Fifth Avenue

Address, Line 2

Telephone Number

063 02 88563838 1078

Fax Number

063 02 88561033



City	E-Mail Address
TAGUIG CITY	winston@rico.com.ph
State/Province/Territory	
National Capital Region	
Zip Code (Postal Code)	
1634	
Country/Area	
PHILIPPINES	

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.