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Note: Click on the Data Element Name for each field below to display instructions and helpful hints for filling out this Registration of Cosmetic Product Facility submission form. A red asterisk (\*) indicates a required field.

For assistance with validation errors and general questions regarding electronic registration and listing of cosmetic product facilities and products, contact [cosmeticsdirect@fda.hhs.gov](mailto:cosmeticsdirect@fda.hhs.gov)

**DOCUMENT TYPE DETAILS**

**Document Type:** \* COSMETIC PRODUCT LISTING

**Set ID:** \* 46c13d54-b17d-4da2-e063-6294a90ab5c5

**Root ID:** \* 46c13d54-b17e-4da2-e063-6294a90ab5c5

**Version Number:** \* 1

**Effective Date:** \* 12-25-2025

**PRODUCT, INGREDIENT AND FACILITY LISTING OF THE COSMETIC PRODUCT**

Is this a product listing for a small business (optional product listing)?:  Yes  No

**Responsible Person (as listed on label):**

**Type of Business:**
 MANUFACTURER
  PACKER
  DISTRIBUTOR

**Responsible Person Name (as listed on label):** \* Suyan moment (Guangzhou) Biotechnology Co., Ltd.

**Responsible Person Phone Number (Include Country/Area Code):** \* 86-159-92952485

**Parent Company Name (if applicable):**

**Responsible Person D&B D-U-N-S Number for Address Listed on the Product Label:**

**PRODUCT(S), INGREDIENT(S), AND FACILITY(IES)**

row(s) 1 - 2 of 2

EDIT	COSMETIC PRODUCT LISTING NUMBER	PRODUCT NAME (AS LISTED ON LABEL)	PRODUCT MARKETING STATUS
	53-427797-042437	CAPPUVINI SOFT SKIN FLAWLESS CONCEALER BRUSH 01	LISTED
	53-138966-708042	CAPPUVINI SOFT SKIN FLAWLESS CONCEALER BRUSH 02	LISTED

row(s) 1 - 2 of 2

**CONFIRMATION STATEMENT**

The data and information in this submission have been reviewed and, to the best of my knowledge, are certified to be true and accurate. I agree to report changes to this information as required under section 607 of the Federal Food, Drug, and Cosmetic Act.

WARNING: A willfully false statement is a criminal offense, [U.S. Code, Title 18, Section 1001](#).

I Agree \*

**Date:** \* 12-25-2025

**Name of Submitter:** \* Xiuli Chen

**ADDITIONAL CONTACT INFORMATION FOR AUTHORIZED AGENT**

**Additional Contact Name:**

**Phone Number (Include Country/Area Code):**

**Email:**

**Phone Extension:**