



HOTEL AND RESTAURANT ASSOCIATION OF NORTHERN INDIA

CIN No.: U55101DL1952NPL002161

REG. OFF. : 406/75-76, MANISHA BUILDING, NEHRU PLACE, NEW DELHI - 110019

TELEPHONE : 011-26468103, 26433590 FAX: 011-26236201

E-mail: hrani.1950@gmail.com, Website: www.hrani.net.in

LISTING DETAILS - MEMBERSHIP DIRECTORY

Associate Category-General

1. Name of the Unit (in Block Capital) _____ Membership No. : _____
2. Ownership: _____
3. Nature of Business : Travel Agent Tour Operator Consultant
 Organisation Supplier Others (Please specify) _____
4. Location of Unit: _____
City: _____ Pin Code: _____ State: _____
Phone (STD Code _____) _____ Fax: (STD Code _____) _____
E-mail: _____ Website: _____
5. MD / CEO / Proprietor / Partner _____ Mobile: _____
6. Correspondence Address (If different from the location)

Phone (STD Code _____) _____ Fax: (STD Code _____) _____
E-mail: _____ Website: _____
7. a) Details of the products manufactured/supplied or the nature of work done for hotels and restaurants.
(Please give details of the clients).

b) If Hotel/Restaurant under construction, give details of investment, rooms, seating capacity & other such relevant information. (Enclose the copy of project level approval by MOT)
8. Membership(s) (Mention names & addresses, phone/fax nos. of your Trade/Professional/other Associations, of which You are a member.)
i) _____

ii) _____

iii) _____

9. Address of Branches, if any: _____

Date : _____

Place : _____

Company Seal

Signature
(Authorised Signatory)



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AUTHORISED SIGNATORY FORM

Associate Category - General

HRANI Membership No. : _____

Date : _____

Name of Unit : _____

Location of Unit : _____

Correspondence Address : _____

Contact Details : _____

AUTH. SIGNATORY : 1
<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"><p>Affix Stamp-Size Photograph here</p></div> <p>Please write in Capital Letters only</p>
Name :
Designation :
Mobile :
E-mail :
Date of Birth :
Signature :

The above two persons are authorised to take part in all affairs of the association and take decision on behalf of member establishment

Stamp/Seal
of Company

Signatures
(Authorised Signatory)

Name: _____

Designation: _____

Mobile: _____

E-mail: _____