



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

Restaurant Category

Membership No. : _____

Date : _____

1. **Name of Restaurant :** _____

2. **Ownership** (Name and address of the Company):- _____

3. If located in hotel, please specify the Hotel name _____ Number of rooms _____

4. **DOT Approved :** (Please Tick) Yes () No ()

5. **Location of Unit :** _____

City _____ PIN Code _____ State _____

Tel.: (STD Code _____) _____ Fax : [STD Code _____] _____

E-mail : _____ Website : _____

6. **Name and designation of the signatory who will exercise right of Membership**

(like MD/CEO/Proprietor/Partner)

a) Name: _____ Designation _____ (M): _____

b) Name: _____ Designation _____ (M): _____

7. **Name of the Restaurant Manager** _____

E-mail: _____ Mobile :- _____

8. **Correspondence Address:** _____

(If different from above location)

E-mail _____ Tel. _____ Fax _____

9. **Total Seating Capacity :** _____

10. **Timing :** {From _____ a.m. to _____ p.m.} and {From _____ p.m. to _____ p.m.}

11. **Cuisine** A. Veg.()/ Non-Veg () B. Indian ()/ Chinese ()/ Continental ()

Other (please specify): _____

12. Liquor Service : (Please Tick)

<input type="checkbox"/> Full Service Bar	<input type="checkbox"/> Restricted Liquor Service
<input type="checkbox"/> No Liquor Service	<input type="checkbox"/> Beer Service only

13. Air-Conditioning : (Please Tick) Centrally ()/ Partially/() Air-conditioned ()

14. Smoking : (Please Tick)

<input type="checkbox"/> All Smoking Areas	<input type="checkbox"/> Non Smoking Restaurant
<input type="checkbox"/> Separate smoking & Non Smoking Areas	

15. Banquet Facilities : _____

16. Entertainment & Amenities : _____

17. Credit Cards Accepted None () / Master Card () / Visa Card () / All Major Credit Cards ()

Other (please specify) : _____

18. Taxes applicable (in percentage only):-

VAT : _____% on F & B _____% on Indian liquor _____% on Imported Liquor

Service Tax : _____%

19. Membership(s) HRANI () / FHRAI () / Other(s) _____(Please Specify)

Any Other Associations : _____

20. Year of Establishment _____

Date : _____

Place : _____

Company Seal

Signature
(Authorised Signatory)



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AUTHORISED SIGNATORY FORM

HOTEL ()

RESTAURANT ()

HRANI Membership No. : _____

Date : _____

Name of Unit : _____

Location of Unit : _____

We, being a Member of Hotel And Restaurant Association of Northern India (HRANI) request you to record the latest mail id and correspondence address for all future correspondence with HRANI. I hereby also declare that the person, whose particulars are given below, is a duly authorised person to cast vote at all General Meetings of HRANI through electronic mode / e-voting by using the email ID mentioned below.

AUTH. SIGNATORY-CUM-VOTER	
<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">Affix Stamp-Size Photograph here</div> <p>Please fill all the details in capital letters only</p>	
Name of Authorised Person :	
Designation :	
Mobile :	Landline :
E-mail :	
Correspondence Address :	
Specimen Signature :	

Name: _____

Designation: _____

Signature: _____

(with Rubber Stamp)

Note :

1. The Members are requested to notify to the Secretariat change in the particulars of the Authorised signatory, if any, ever.
2. Discount Cards of HRANI & FHRAI will be issued after the receipt of the form duly properly filled in and signed.



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NOMINATION FORM FOR DISCOUNT CARD

HOTEL ()

RESTAURANT ()

HRANI Membership No. : _____

Date : _____

Name of Hotel / Restaurant : _____

Location : _____

City _____ PIN Code _____ State _____

Tel.: (STD Code _____] _____ Fax : [STD Code _____] _____

E-mail : _____ Website : _____

Note: Please send us 2 photographs (Passport Size) of each of your two nominees (Please paste 1 copy inside the box) for the discount cards.

NOMINEE : 1
<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; background-color: #cccccc;"> <p style="text-align: center; padding: 5px;">Please paste photograph of Nominee : 1 in his space</p> </div>
Please write in capital letters only
Name :
Designation :
Mobile :
E-mail :
Signature :

NOMINEE : 2
<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; background-color: #cccccc;"> <p style="text-align: center; padding: 5px;">Please paste photograph of Nominee : 2 in his space</p> </div>
Please write in capital letters only
Name :
Designation :
Mobile :
E-mail :
Signature :

Signature of person authorizing the cards : *(To be signed by authorised signatory only)*

Name : _____ Designation _____

I verify that the above two people are entitled to discount cards of HRANI

Stamp/Seal
of Company

Signatures
*(Authorised Signatory
as per HRANI records)*

Name: _____

Designation: _____

Mobile: _____

E-mail: _____

****Please ensure to get this form signed and verified only by the authorized Signatories as submitted to HRANI else the cards will not be processed.***