



# HOTEL AND RESTAURANT ASSOCIATION OF NORTHERN INDIA

CIN No.: U55101DL1952NPL002161

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

TELEPHONE : 011- 41306628, 42804416

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; padding: 10px; text-align: 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: \_\_\_\_\_