



# 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

## APPLICATION FORM

Associate Category

### General

We desire to be elected as a member of the Hotel & Restaurant Association of Northern India as an Associate Member.

I am associated with hospitality industry in the following category

☐ Travel Agent ☐ Tour Operator ☐ Consultant ☐ Supplier ☐ Others

If elected, we agree to abide by the Memorandum & Article of Association, to pay the subscription rate for the time being in force and to implement, as far as practicable, the policy of the Association.

Name of the Establishment (Block Letters) \_\_\_\_\_

Address : \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mai: \_\_\_\_\_

Name of Proprietor(s)/Director(s): \_\_\_\_\_

Names of authorised representative who will exercise the right of Membership, e.g. attend the Annual General Meeting etc.

Mr/Ms \_\_\_\_\_ Designation \_\_\_\_\_

Authorised Signatory \_\_\_\_\_ Designation \_\_\_\_\_

(M.D., Director or Proprietor)

1. Year of Establishment \_\_\_\_\_ (Enclose certificate of incorporation)

2. Mention names & addresses, phone/fax nos. of your Trade/Professional/Other Associations of which you are a member.

i) \_\_\_\_\_

\_\_\_\_\_

ii) \_\_\_\_\_

\_\_\_\_\_

3. Address of Branches, if any, may be indicated \_\_\_\_\_

\_\_\_\_\_

#### CHECK NOTE: - FOR OFFICE USE ONLY

Company Profile ☐

Authorized Signatory Form ☐

Recommendation ☐

FHRAI Form ☐

Brochure ☐

Listing Details Form ☐

Certificate of Inc. ☐

Date of Approval : \_\_\_\_\_

Membership No. : \_\_\_\_\_

(Signature issuing authority)

4. Address of Correspondence \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

5. a) Details of the products manufactured/supplied or the nature of work done for hotels and restaurants.

(Please give details of the clients).

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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)

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6. Please attach a copy of the printed literature/brochure/Profile \_\_\_\_\_

7. Any other information considered necessary \_\_\_\_\_

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The above information and documents provided are correct & authentic to the best of my knowledge.

**GSTIN DETAILS (Please attach A copy of GST ARN Certificate)**

Company / Vendor Name: _____	
Registered Address as per GST Registration: _____	
State: _____	State Code: _____
Provisional GST ID: _____	HSN Code / SAC: _____
ARN No.: _____	PAN No.: _____

Signature of Authorised Signatory

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Mobile No. : \_\_\_\_\_

We are enclosing a D.D. of Rs. \_\_\_\_\_ in favour of "HRANI" payable at New Delhi.

D.D. No. \_\_\_\_\_ Dated \_\_\_\_\_ Bank & Branch \_\_\_\_\_

The membership fee is as follows (The fee to words membership only be accepted/submitted after the approval of MC)

Associate Category	Associate
Entrance Fee	8250
Annual Subscription	6050
Legal Fund	1100
Listing Fee	220
Total	15620
GST (18%)	2812
Net Amount	18432



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## 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: \_\_\_\_\_