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
Affix Stamp-Size Photograph here Please write in Capital Letters only
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: _____