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 - Association

1. Name of the Association_____ Membership No. _____

2. Secretariat Address :_____

   Phone (STD Code_____)_____ Fax: (STD Code_____)_____

   E-mail:_____Website:_____

3. Please enclose the detail

   a) Premises Rented ( ) Owned ( )

4. Name of President, Hony. Secretary, Hony. Treasurer or Authorised Signatories

   1) _____ 4) _____

   2) _____ 5) _____

   3) _____ 6) _____

   (Please attach the list of members also)

*5. Is your association established and administered by **(Please Enclose a copy of certificate of incorporation along with trust deed/ Byelaws/ supporting document)**

   a) A Society registered under the Registration of Societies Act 1860 Yes / No

   b) A trust registered under the Charitable Trust Act 1950 or any other relevant Act Yes / No

   c) A company incorporated under section 25 of the Companies Act 1956 Yes / No

   d) Central or State govt. / UT Administration Yes / No

*6. Year of establishment the Association _____

*7. Last date of Annual General meeting/ Election held (Please enclose the last AGM Minutes)

*8. Attach a copy of Annual Report. (to be enclosed)

9. Attach the Profile of the Association

Date : _____

Place : _____

Company Seal

Signature

(Authorised Signatory)

Note:-

***Mandatory to be filled & enclose the supporting documents**

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AUTHORISED SIGNATORY FORM

Associate Category - Association

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: _____