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).

_____

_____

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)

_____

_____

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

7. Any other information considered necessary _____

_____

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	9075
Annual Subscription	6655
Legal Fund	1210
Listing Fee	242
Total	17182
GST (18%)	3093
Net Amount	**20275**

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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
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: _____