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, 26433590 FAX: 011-26236201
E-mail: hrani.1950@gmail.com, Website: www.hrani.net.in

ASSOCIATE CATEGORY

(Hotel Less than 10 Rooms)

APPLICATION FORM

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

1. **Name of the Establishment** (Block Letters)_____
2. Location of Unit : _____
3. City _____PIN Code _____State _____
4. Tel.: (STD Code _____] _____ Fax : [STD Code _____] _____
5. E-mail : _____ Website : _____
6. Name of General Manager / Manager In-charge: _____ Mobile: _____

   Address of Correspondence: _____

   Phone: _____ Fax: _____ E-mail: _____
7. Year of Establishment _____
8. Ownership :- _____
9. Strength of Staff _____
10. Please attach the following licence: (Any Two)

1. Trade / MCD/ Nagar Palika / Sarai Act/ Gram Panchayat	☐
2. FSSAI	☐
3. Excise license (Bar)	☐
4. NOC from Fire (based on current rules)	☐
5. NOC from Police / Eating house from District Magistrate	☐
6. Classification Certificate / Approval from Department of Tourism (State / Central)	☐

11. Copy of Menu Card/ Tariff Card

CHECK NOTE: - FOR OFFICE USE ONLY

Licenses	☐	Authorized Signatory Form	☐	Recommendation	☐
FHRAI Form	☐	Tariff card.	☐	Data Fact Sheet Form	☐

Date of Approval : _____ Membership No. : _____

(Signature issuing authority)

12. NUMBER OF ROOMS	**AC**	**Non-AC**
a) Single	_____	_____
b) Double	_____	_____
c) Suite	_____	_____
Total Rooms	_____	_____

DETAILS OF THE RESTAURANT (S)

	NAME	Seating Capacity	Cuisines	AC (Y/N)
1.				
2.				

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.: _____

We are enclosing a D.D. of Rs. _____in favour of "HRANI" payable at New Delhi.

D.D.No. _____ Dated _____Bank & Branch _____

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

Signature of Authorised Signatory

Name: _____

Designation:_____

Mobile No. : _____

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**

CRITERIA FOR ASSOCIATE MEMBERSHIP

1. The Hotel must be functioning and hold a license granted by the Competent Government Authority to run as hotel.

Note: If your hotel has not yet started operating, you will be eligible for Associate Membership under General till such time your hotel/restaurant starts operating. When eligible, you may write for change of category, viz. Hotel or Restaurant supported by Licenses from Municipal Corporation/Police etc.

2. The ambiance, exterior and interior décor must be good.

3. There should be separate clean & hygienic ladies and gentlemen's toilets attached to the public area.

4. Hotel must have a Restaurant/ Dinning area/ Cafe for inhouse guest.

5. There should be good quality crockery, cutlery, glassware and furniture.

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LISTING DETAILS - MEMBERSHIP DIRECTORY

ASSOCIATE CATEGORY

(Hotel Less than 10 Rooms)

Membership No. : _____ Date : _____

1. **Name of Associate :** _____

2. **Ownership** (Name and address of the Company):- _____

_____

3. **Location of Unit :** _____

City _____ PIN Code _____ State _____

Tel.: (STD Code _____] _____ Fax : [STD Code _____] _____

E-mail : _____ Website : _____

4. **Name and designation of the signatory (who will exercise right of Membership)**

(MD/CEO/Proprietor/Partner)

a) Name: _____ Designation _____ (M): _____

b) Name: _____ Designation _____ (M): _____

5. **Name of the General Manager/Hotel Manager** _____

E-mail: _____ Mobile :- _____

6. **Correspondence Address:** _____

(If different from above location)

_____

E-mail _____ Tel. _____ Fax _____

7. **Sales & Reservations Information:-** _____

_____

8. **Access: i)** _____ kms. from Airport **ii)** _____ kms. from Railway Station **iii)** _____ kms. from Main Bustand

9. **Location Advantage:** _____

10. **Air-Conditioning :** _____ **8. Check Out Time:** _____

11.Total Number of Rooms Available : _____ (Single _____ Double _____ Suites _____)

Room Details _____

12.. Banquet Facility : Total No. of Halls _____ Max. capacity in theatre style: Largest _____Smallest _____

13. F & B Facilities : No. of Restaurant _____ No. of Bars _____

Cuisine **A.** Veg.( )/ Non-Veg ( ) **B.** Indian ( )/ Chinese ( )/ Continental ( )

Other (please specify): _____

14. Credit Cards Accepted None ( ) / Master Card ( ) / Visa Card ( ) / All Major Credit Cards ( )

Other (please specify): _____

15. Taxes applicable (in percentage only):-

Luxury Tax : _____% on ( ) Published Tariff / or ( ) Actual)

Service Tax : _____%

VAT : _____% on F & B _____% on Indian Liquor _____% on Imported Liquor

16. Special Room Facilities :- _____

17. Other Facilities : _____

18. Services: _____

19. Membership (s) HRANI ( ) / FHRAI ( ) / Other(s) _____ (Please Specify)

Any Other Associations : _____

20. Year of Establishment : _____

Date : _____

Place : _____

Company Seal

Signature
(Authorised Signatory)

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AUTHORISED SIGNATORY FORM

Associate Category - Hotel Less than 10 Rooms

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: _____