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

Association

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

2. Secretariat Address :_____

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

   E-mail:_____Website:_____

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

   1) _____ 4) _____

   2) _____ 5) _____

   3) _____ 6) _____

   (Please attach the list of members also)

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

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

CHECK NOTE: - FOR OFFICE USE ONLY

Bye-Laws/Memorandum ☐	Authorized Signatory Form ☐	Recommendation ☐
FHRAI Form ☐	Last Annual Report ☐	Listing Details Form ☐
Certificate of Inc. ☐		

Date of Approval : _____ Membership No. : _____

(Signature issuing authority)

*5. Year of establishment the Association_____

*6. Office Premises Rented ( ) Owned ( )

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

*8. Copy of Annual Report. (to be enclosed)

9. Attach the Profile of the Association

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. : _____

Note:-

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

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 - 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)**

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   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: _____