



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 - RESTAURANT CATEGORY

Membership No. : _____

Date : _____

1. **Name of Restaurant :** _____

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

3. If located in hotel, please specify the Hotel name _____ Number of rooms _____

4. **Location of Unit :** _____

State _____ PIN Code _____ Tel.: (STD Code _____) _____

E-mail : _____ Website : _____

5. **Name and designation of the signatory who will exercise right of Membership**

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

6. **Name of the Restaurant Manager** _____

(MD/CEO/Proprietor/Partner)

E-mail: _____ Mobile :- _____

7. **Correspondence Address:** _____

E-mail _____ Tel. : _____ Fax _____

8. **Total Seating Capacity :** _____ 9. **Timing :** {From _____ a.m. to _____ p.m.}

10. **Cuisine** _____

11. **Liquor Service :** ☐ Full Service Bar ☐ Restricted Liquor Service ☐ Beer Service only ☐ No Liquor Service

12. **Air-Conditioning :** Centrally () / Partially/() Air-conditioned ()

13. **Smoking :** ☐ All Smoking Areas ☐ Separate smoking & Non Smoking Areas ☐ Non Smoking Restaurant

14. **Banquet Facilities :** _____

15. **Entertainment & Amenities :** _____

16. **Taxes applicable :- GST :** _____ % on Food _____ % Soft Beverage

VAT : _____ % on Indian liquor _____ % on Imported Liquor

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

18. **Year of Establishment** _____

Date : _____

Signature
(Authorised Signatory)
Company Stamp



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AUTHORISED SIGNATORY FORM

HOTEL ()

RESTAURANT ()

HRANI Membership No. : _____

Date : _____

Name of Unit : _____

Location of Unit : _____

We, being a Member of Hotel And Restaurant Association of Northern India (HRANI) request you to record the latest email id and correspondence address for all future correspondence with HRANI. I hereby also declare that the person, whose particulars are given below, is a duly authorised person to cast vote at all General Meetings of HRANI through electronic mode / e-voting by using the email ID mentioned below.

AUTH. SIGNATORY-CUM-VOTER	
<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">Affix Stamp-Size Photograph here</div> <p>Please fill all the details in capital letters only</p>	
Name of Authorised Person :	
Designation :	
Mobile :	Landline :
E-mail :	
Correspondence Address :	
Specimen Signature :	

Name: _____

Designation: _____

Mobile No.: _____

E-mail : _____

Signature: _____

(with Rubber Stamp)

Note :

1. The Members are requested to notify to the Secretariat change in the particulars of the Authorised signatory, if any, ever.
2. Discount Cards of HRANI & FHRAI will only be issued after the receipt of this form duly properly filled in and signed on letter head by authorised signatory registered with HRANI.
3. All fields are mandatory to be filled for registration.



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NOMINATION FORM FOR DISCOUNT CARD

HOTEL ()

RESTAURANT ()

HRANI Membership No. : _____

Date : _____

Name of Hotel / Restaurant : _____

Address : _____

City _____ PIN Code _____ State _____

One point contact for Finance / Accounts Department

Name : _____ Designation : _____

Mobile : _____ E-mail : _____

Note: Please paste photographs inside the box for the discount cards.

NOMINEE : 1
<div style="border: 1px solid black; padding: 10px; text-align: center;">Please paste photograph of Nominee : 1 in his space</div> <p>Please write in capital letters only</p> <p>Name : _____</p> <p>Designation : _____</p> <p>Mobile : _____</p> <p>E-mail : _____</p> <p>Signature : _____</p>

NOMINEE : 2
<div style="border: 1px solid black; padding: 10px; text-align: center;">Please paste photograph of Nominee : 2 in his space</div> <p>Please write in capital letters only</p> <p>Name : _____</p> <p>Designation : _____</p> <p>Mobile : _____</p> <p>E-mail : _____</p> <p>Signature : _____</p>

I verify that the above two people are entitled to discount cards of HRANI

Stamp of Company

Signatures
(Authorised Signatory
as per HRANI records)

Name: _____

Designation: _____

Mobile: _____

E-mail: _____

***Please ensure to get this form signed and verified only by the authorized Signatory as submitted to HRANI else the cards will not be processed.**