



HOTEL & RESTAURANT ASSOCIATION OF NORTHERN INDIA

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AUTHORISED SIGNATORY FORM

HOTEL ()

RESTAURANT ()

HRANI Membership No. : _____

Date : _____

Name of Unit : _____

Location of Unit : _____

Correspondence Address : _____

Contact Details : _____

AUTH. SIGNATORY-CUM-VOTER : 1
<div style="border: 1px solid black; width: 150px; height: 120px; margin: 0 auto; background-color: #cccccc; display: flex; align-items: center; justify-content: center;">Affix Stamp-Size Photograph here</div>
Please write in Capital Letters only
Name :
Designation :
Mobile :
E-mail :
Date of Birth :
Signature :

AUTH. SIGNATORY-CUM-VOTER : 2
<div style="border: 1px solid black; width: 150px; height: 120px; margin: 0 auto; background-color: #cccccc; display: flex; align-items: center; justify-content: center;">Affix Stamp-Size Photograph here</div>
Please write in Capital Letters only
Name :
Designation :
Mobile :
E-mail :
Date of Birth :
Signature :

The above two persons are authorised to vote and 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: _____

Note : Please ensure to submit this duly filled form at HRANI Office failing the Discount Cards for the next year will not be issued