



HOTEL & RESTAURANT ASSOCIATION OF NORTHERN INDIA

REG. OFF. : 406/75-76, MANISHA BUILDING, NEHRU PLACE, NEW DELHI - 110 019

TELEPHONE : 011-26468103, 26433590 FAX : 011-26236201

E-mail : hrani.1950@gmail.com, hrani@airtelmail.in Website : www.hrani.net.in

LISTING DETAILS - MEMBERSHIP DIRECTORY 2011

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)**

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

*6. Year of establishment of 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

HRANI Membership No. : _____

Date : _____

Name of Unit : _____

Location of Unit : _____

Correspondence Address : _____

Contact Details : _____

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

AUTH. SIGNATORY : 2
<div style="border: 1px solid black; width: 150px; height: 120px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"><p>Affix Stamp-Size Photograph here</p></div> <p>Please write in Capital Letters only</p>
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: _____