



HOTEL & RESTAURANT ASSOCIATION OF NORTHERN INDIA

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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: 100px; margin: 0 auto; background-color: #e0e0e0; display: flex; align-items: center; justify-content: center;"> <p style="text-align: center; margin: 0;">Affix Stamp-Size Photograph here</p> </div> <p style="text-align: center; margin-top: 10px;">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: 100px; margin: 0 auto; background-color: #e0e0e0; display: flex; align-items: center; justify-content: center;"> <p style="text-align: center; margin: 0;">Affix Stamp-Size Photograph here</p> </div> <p style="text-align: center; margin-top: 10px;">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: _____