



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

Hotel Category

Membership No. : _____

Date : _____

1. **Name of Hotel** : _____

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

Category (Tick Appropriate Category and enclose the copy of latest certificate of classification from MOT)

5 Star Deluxe	<input type="checkbox"/>	5 Star	<input type="checkbox"/>	Heritage	<input type="checkbox"/>
4 Star	<input type="checkbox"/>	3 Star	<input type="checkbox"/>	2 Star	<input type="checkbox"/>
1 Star	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Un-Approved	<input type="checkbox"/>

3. **Location of Unit** : _____

City _____ PIN Code _____ State _____

Tel.: (STD Code _____] _____ Fax : [STD Code _____] _____

E-mail : _____ Website : _____

4. **Name and designation of the authorized signatory (who will exercise right of Memberships)**
(MD/CEO/Proprietor/Partner)

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

b) Name: _____ Designation _____ (M): _____

5. **Name of the General Manager/Hotel Manager** _____

E-mail: _____ Mobile :- _____

6. **Correspondence Address:** _____

(If different from above location)

E-mail _____ Tel. _____ Fax _____

7. **Sales & Reservations Information:-** _____

8. Access: i) _____ kms. from Airport ii) _____ kms. from Railway Station iii) _____kms. from Main Bus Stand

9. Location Advantage: _____

10. Air-Conditioning : _____ 8. Check Out Time: _____

11. Total Number of Rooms Available : _____ (Single _____ Double _____ Suites _____)

Room Details _____

12. Banquet Facility : Total No. of Halls _____ Max. capacity in theatre style: Largest _____ Smallest _____

13. F & B Facilities : No. of Restaurant _____ No. of Bars _____

Cuisine A. Veg.()/ Non-Veg () B. Indian ()/ Chinese ()/ Continental ()

Other (please specify): _____

14. Credit Cards Accepted None () / Master Card () / Visa Card () / All Major Credit Cards ()

Other (please specify): _____

15. Taxes applicable (in percentage only):-

Luxury Tax : _____% on () Published Tariff / or () Actual)

VAT : _____% on F & B _____% on Indian Liquor _____% on Imported Liquor

16. Special Room Facilities :- _____

17. Other Facilities : _____

18. Services: _____

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

Any Other Associations : _____

20. Year of Establishment _____

Date : _____

Place : _____

Company Seal & Signature
(Authorised Signatory)

(Note : Please ensure to fill this form to enable us to updated our records)



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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;"> <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-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;"> <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 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



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NOMINATION FORM FOR DISCOUNT CARD

HOTEL ()

RESTAURANT ()

HRANI Membership No. : _____

Date : _____

Name of Hotel / Restaurant : _____

Location : _____

City _____ PIN Code _____ State _____

Tel.: (STD Code _____] _____ Fax : [STD Code _____] _____

E-mail : _____ Website : _____

Note: Please send us 2 photographs (Passport Size) of each of your two nominees (Please paste 1 copy inside the box) for the discount cards.

NOMINEE : 1
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;">Please paste photograph of Nominee : 1 in his space</div>
Please write in Capital Letters only
Name :
Designation :
Mobile :
E-mail :
Signature :

NOMINEE : 2
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;">Please paste photograph of Nominee : 2 in his space</div>
Please write in Capital Letters only
Name :
Designation :
Mobile :
E-mail :
Signature :

Signature of person authorizing the cards : *(To be signed by authorised signatory only)*

Name : _____ Designation _____

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

Stamp/Seal
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 Signatories as submitted to HRANI else the cards will not be processed.**