



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

Restaurant Category

Membership No. : _____ Date : _____

1. **Name of Restaurant** : _____

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

DOT Approved : (Please Tick) Yes () No ()

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**
(like MD/CEO/Proprietor/Partner)

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

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

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

E-mail: _____ Mobile :- _____

6. **Correspondence Address:** _____

(If different from above location)

E-mail _____ Tel. _____ Fax _____

7. **Total Seating Capacity** : _____

8. **Timing** : {From _____ a.m. to _____ p.m.} and {From _____ p.m. to _____ p.m.}

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

Others (Please specify) _____

10. Liquor Service : (Please Tick)

Full Service Bar

Restricted Liquor Service

No Liquor Service

Bear Service only

11. Air-Conditioning : (Please Tick) Centrally ()/ Partially/ () Air-conditioned ()

12. Smoking : (Please Tick)

All Smoking Areas

Non Smoking Restaurant

Separate smoking & Non Smoking Areas

13. Banquet Facilities: _____

14. Entertainment & Amenities : _____

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

Other (please specify): _____

16. Taxes applicable (in percentage only):-

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

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

Any Other Associations : _____

18. 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; 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; 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; width: 100px; height: 100px; margin: 0 auto; background-color: #cccccc; display: flex; align-items: center; justify-content: center;">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; width: 100px; height: 100px; margin: 0 auto; background-color: #cccccc; display: flex; align-items: center; justify-content: center;">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.**