



## The Federation of Hotel & Restaurant Associations of India

CIN-U55100DL1955NPL002587

Regd. Off.: B-82, 8th Floor, Himalaya House, 23 Kasturba Gandhi Marg, New Delhi - 110 001  
Phones: (011) 40780780, Fax: (011) 40780777, E-Mail: fhrai@vsnl.com, Website: www.fhrai.com

### RESTAURANT MEMBERSHIP

### APPLICATION FORM 2019-20

For office use only:

FHRAI Code: \_\_\_\_\_

#### FHRAI MEMBERSHIP ELIGIBILITY CRITERIA

1. Must be a member of one of our Regional Associations. Please send this application with DD/Cheque of the requisite amount in favour of FHRAI payable at New Delhi, through your Regional Association. You can apply simultaneously to both the Associations.
2. Must be a functioning restaurant.
3. Must have minimum 25 seats.
4. Must have all the relevant Municipal/Police or any other required licenses with current validity.
5. A Restaurant within the hotel (who is FHRAI member) can also apply for separate membership (except in the Western Region). This is allowed for one restaurant for a hotel with 25-100 rooms & two restaurants for hotels with above 101 rooms. Such restaurant members are also entitled to 2 FHRAI discount cards.
6. Please send nomination form and listing proforma along with this application form.

1. We wish to enroll our Restaurant: \_\_\_\_\_  
as Individual Member of the Federation of Hotel & Restaurant Associations of India.  
(give name of the Restaurant not of the company)  
  
Full Address \_\_\_\_\_  
\_\_\_\_\_  
  
City \_\_\_\_\_ Pin Code \_\_\_\_\_ State: \_\_\_\_\_  
  
Telephone: [STD Code \_\_\_\_\_] \_\_\_\_\_  
  
Establishment E-mail ID: \_\_\_\_\_ Website: \_\_\_\_\_
2. Authorized Signatory: Name \_\_\_\_\_ Designation \_\_\_\_\_  
  
Mobile: \_\_\_\_\_ Email ID: \_\_\_\_\_
3. We have \_\_\_\_\_ total number of seats. Cuisine \_\_\_\_\_
4. Date & Year of Opened: \_\_\_\_\_
5. Goods and Service Tax (GST) No.: \_\_\_\_\_
6. Permanent Account Number (PAN): \_\_\_\_\_
7. Legal Name of Business: \_\_\_\_\_

**P.T.O.**

8. We are enclosing a DD/Cheque for Rs. \_\_\_\_\_ in favour of “FHRAI” payable at New Delhi.  
DD/Cheque No. \_\_\_\_\_ dated \_\_\_\_\_ Bank name & branch \_\_\_\_\_
9. We are a member of or applying for membership of (name the Regional Association)  
HRANI / HRA(WI) / SIHRA / HRAEI
10. After approval of our Restaurant Membership, please issue the membership discount cards in the name of following nominees (Nomination Form enclosed).  
1. Name \_\_\_\_\_ Designation \_\_\_\_\_  
2. Name \_\_\_\_\_ Designation \_\_\_\_\_
11. We agree to abide by the rules and regulations of the Federation.

Certified that the above information is true and correct to the best of my knowledge.

<p><b>To be filled by Regional Association</b></p> <p>Certified that the above applicant is a Member of this Association.</p> <p>Membership Code: _____</p> <p>Signature and Seal of Regional Association</p>
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Signature: \_\_\_\_\_  
(Authorized Signatory)

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Official seal of the establishment:

<b>Fee Payable – Restaurant Membership for the year 2019-20</b>			
<b>ANNUAL MEMBERSHIP FEE (IN RUPEES)</b>			
<b>Particular</b>	<b>25 to 100 Seats</b>	<b>101 to 200 Seats</b>	<b>201 &amp; above Seats</b>
Entrance Fee (One Time)*	6000/-	7000/-	8000/-
Annual Subscription	7700/-	9100/-	12100/-
GST @18%	2466/-	2898/-	3618/-
<b>Grand Total</b>	<b>16166/-</b>	<b>18998/-</b>	<b>23718/-</b>

- Entrance Fee is payable only once at the time of enrolment.
- Membership dues (revised if any) are to be paid every year which are valid from April to March. All Discounts Cards are issued from July to June of next year.



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### NOMINATION FORM (For 30% FHRAI Discount Card 2019-20)

FHRAI Code/Membership No.: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Hotel/Restaurant: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail ID: \_\_\_\_\_

Nominee: 1	Nominee: 2
<div style="border: 1px solid black; padding: 10px; text-align: center;"><i>Please paste photograph Of Nominee: In this space</i></div> <p>Please write in Capital Letters only</p>	<div style="border: 1px solid black; padding: 10px; text-align: center;"><i>Please paste photograph Of Nominee: In this space</i></div> <p>Please write in Capital Letters only</p>
Name: _____	Name: _____
Designation: _____	Designation: _____
Mobile: _____	Mobile: _____
Email: _____	Email: _____

### TO BE SIGNED BY AUTHORISED SIGNATORY

*Please paste  
photograph  
Of  
Auth. Sign.  
In this space*

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Signature:**

**Stamp/Seal of the Hotel/Restaurant**

**Note:** Register on website <http://www.fhrai.com/LoginRegister.aspx> which facilitate members to perform the following functions (a) Change/modify Listing Details (b) Print invoice/receipt (c) Make online payment (d) Renewal of Discount cards (f) Hotel Fact Sheet (g) update vacancies etc.



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### RESTAURANT LISTING PROFORMA FOR MEMBERS (2019-20)

*Please login on [www.fhrai.com/LoginRegister2.aspx](http://www.fhrai.com/LoginRegister2.aspx) for online update/filing of Listing Proforma.*

Membership No.: \_\_\_\_\_ City head under which to be listed: \_\_\_\_\_ Date: \_\_\_\_\_

1. **Name of the Restaurant:** \_\_\_\_\_

Address of the Restaurant \_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_ State: \_\_\_\_\_

Telephone: [STD Code \_\_\_\_\_] Phone: \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

E-mail ID: \_\_\_\_\_ Website: \_\_\_\_\_

2. **Seating Capacity of Restaurant:** \_\_\_\_\_ Seats.

3. **Locational Profile:** (Please give something relevant and attractive for potential customers)

\_\_\_\_\_

4. **Ownership** (Name of the company/Firm): \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail ID: \_\_\_\_\_ Website: \_\_\_\_\_

5. **Name and Designation of the Key Person (like MD/CEO/General Manager/Manager etc.):**

(i) Mr./Mrs./Ms./Dr. \_\_\_\_\_ Designation \_\_\_\_\_

(ii) Mr./Mrs./Ms./Dr. \_\_\_\_\_ Designation \_\_\_\_\_

6. **Timing:** [ From \_\_\_\_\_ hrs. To \_\_\_\_\_ hrs. ] and [ From \_\_\_\_\_ hrs. To \_\_\_\_\_ hrs. ]

7. **Liquor Service:** [If yes, Please tick] ☐ Full Service Bar ☐ Beer Service only ☐ N/A

**P.T.O.**

8. **Cuisine:** *[Please tick]* ☐ Indian ☐ Continental ☐ Chinese  
☐ Italian ☐ Mexican ☐ Seafood

*Any Other:* \_\_\_\_\_

9. **Banquet Facilities:** *[If yes, Please tick]* ☐ Available ☐ N/A

*If available, please give details:* \_\_\_\_\_

10. **Smoking:** *[If yes, Please tick]* ☐ All Smoking Areas ☐ Non Smoking Restaurant  
☐ Separate Smoking & Non-Smoking Areas

11. **Air-conditioning:** *[If yes, Please tick]* ☐ Air-conditioned ☐ Centrally Air-conditioned  
☐ Partially Air-conditioned ☐ Non Air-conditioned  
☐ N/A

12. **Entertainment & Amenities:** *[If yes, Please tick]* ☐ Available ☐ N/A

*If available, please give details:* \_\_\_\_\_

\_\_\_\_\_

13. **Taxes Applicable** (in Percentage / % ): \_\_\_\_\_

14. **Service Charges:** \_\_\_\_\_ % on \_\_\_\_\_

15. **Members:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**(Authorized Signatory)**

**Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Stamp/Seal**

**Note:** Please enclose the approved letter issued by Deptt. of Tourism, Govt. of India or the Regional Director, if your restaurant is Government Approved.