



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@fhrai.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. Representative (One Point Contact): Name _____ Designation _____

Mobile: _____ Email ID: _____
4. We have _____ total number of seats. Cuisine _____
5. Date & Year of Opened: _____
6. Goods and Service Tax (GST) No.: _____ 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>To be filled by Regional Association</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>

Signature: _____
(Authorized Signatory)

Name: _____

Designation: _____

Official seal of the establishment:

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

- 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.



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@fhrai.com, Website: www.fhrai.com

RESTAURANT LISTING PROFORMA FOR MEMBERS (2019-20)

Please login on 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.



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@fhrai.com, Website: www.fhrai.com

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.