



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, E-Mail: fhrai@fhrai.com, Website: www.fhrai.com

RESTAURANT MEMBERSHIP

APPLICATION FORM 2024-25

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: _____

Contact No. (Restaurant): [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. TAN (No.) _____

7. CIN Number (if applicable) _____ 8. PAN number (Mandatory) _____

9. GSTIN (if applicable) _____

P.T.O.

10. Legal Name of Business: _____
11. We are enclosing a DD/Cheque for Rs. _____ in favour of “FHRAI” payable at New Delhi.
DD/Cheque No. _____ dated _____ Bank name & branch _____
12. We are a member of or applying for membership of (name the Regional Association)
HRANI / HRA(WI) / SIHRA / HRAEI
13. 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 _____
14. 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:

NOTE: * Incomplete Application will not be considered for New Membership.

* Email and Contact details are mandatory.

* Enclose certificate of CIN, GSTIN, PAN and TAN number.

Fee Payable – Restaurant Membership for the year 2024-25			
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	8316/-	9828/-	13068/-
GST @18%	2577/-	3029/-	3792/-
Grand Total	16893/-	19857/-	24860/-

- 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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RESTAURANT LISTING PROFORMA FOR MEMBERS (2024-25)

Please login on www.fhrai.com/LoginRegister2.aspx for online update/filing of Listing Proforma.

FHRAI Membership Code (For office use): _____ City head under which to be listed: _____

1. **Name of the Restaurant:** _____

Address of the Restaurant _____

City _____ Pin Code _____ State: _____

Contact No. (Restaurant): [STD Code _____] _____

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: _____

E-mail ID: _____

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 Ministry of Tourism, Govt. of India or the Regional Director, if your restaurant is Government Approved.



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NOMINATION FORM (For New Members only) (For 30% FHRAI Discount Card 2024-25)

FHRAI Membership Code (For office use): _____

Date: _____

Name of Restaurant: _____

Address: _____

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

Stamp/Seal of the Hotel/Restaurant

Signature
(Authorized Signatory)

Name: _____

Designation: _____

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 (e) Update vacancies etc.



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AUTHORISED SIGNATORY FORM (HOTEL/RESTAURANT MEMBERS)

FHRAI Membership Code (For office use): _____

Date: _____

Name of Establishment: _____

Address: _____

ONE POINT CONTACT FOR FINANCE/ACCOUNT DEPARTMENT

Name: _____

Designation: _____

Mobile: _____ E-mail: _____

*Please paste photograph
of Authorizes Signatory
In this space*

Name of Authorized Person: _____

Designation: _____

Mobile: _____ Landline: _____

E-mail: _____

Stamp/Seal of Company/Firm

Signature
(Authorized Signatory)

Note:* Authorized Signatory email ID will be used for all correspondence from FHRAI. *Authorized Signatory will also be considered as the person to cast vote in the Annual General Meeting of FHRAI. * Regional Association membership is mandatory.