



## The Federation of Hotel & Restaurant Associations of India

CIN-U55100DL1955NPL002587

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### ASSOCIATE LISTING PROFORMA FOR MEMBERS (2022-23)

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

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

Date: \_\_\_\_\_

Type of Associates (please tick)

Association

Consultant

Educational Institution

Hotel Chain or Hotel Company

Supplier

Travel Agent & Tour Operator

Hotel / Restaurant under construction

Any Other (Specify) \_\_\_\_\_

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

Address \_\_\_\_\_

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

Telephone: [STD Code \_\_\_\_\_] \_\_\_\_\_

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

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

\_\_\_\_\_

3. **Year of establishment:** \_\_\_\_\_

4. **Ownership:** \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone: [STD Code \_\_\_\_\_] \_\_\_\_\_

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

5. **Name and Designation of the Key Person:**

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

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

**P.T.O.**

6. **Total No. of Professional Staff:** \_\_\_\_\_ **Total No. of Staff including professional staff:** \_\_\_\_\_

7. **Approved by** (if required, like for a Travel Agent):

\_\_\_\_\_

8. **Nature of Business/Activity** (Please elaborate on your category ticked above):

\_\_\_\_\_

\_\_\_\_\_

9. **Details of Services Provided** (Please give a profile of your company and its services in not more than 8 lines, preferably pointwise).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. **Branches:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. **Members:** \_\_\_\_\_

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

**(Authorized Signatory)**

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

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

Stamp/Seal