



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
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LISTING PROFORMA cum NOMINATION FORM

LISTING FOR HOTEL & RESTAURNAT GUIDE INDIA 2021/WEBSITE (MANDATORY)

FHRAI Membership Code: _____ Date: _____

Name of Hotel/Restaurant: _____

Address of Hotel/Restt. _____

City _____ Pin Code _____ State _____

Telephone/Mobile: [STD code _____] _____

E-mail ID: _____ Website: _____

Ownership (Name of the Company/Firm): _____

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

Mr./Mrs./Ms./Dr. _____ Designation _____

Mr./Mrs./Ms./Dr. _____ Designation _____

NOMINATION FORM 2020-21 for 30% FHRAI Discount Card

Nominee: 1	Nominee: 2
<div style="border: 1px solid black; padding: 10px; width: 80px; margin: 0 auto;"> <i>Paste photo here and Extra photo not required</i> </div> <p>Please write in Capital Letters only</p>	<div style="border: 1px solid black; padding: 10px; width: 80px; margin: 0 auto;"> <i>Paste photo here and Extra photo not required</i> </div> <p>Please write in Capital Letters only</p>
Name: _____	Name: _____
Designation: _____	Designation: _____

Representative (One Point Contact): Name _____ Designation _____

Mobile: _____ Email ID: _____

AUTHORISED SIGNATORY DETAILS AND SIGNATURE (MANDATORY)

Name: _____ Designation: _____

Mobile: _____ E-mail: _____

*Please paste
photograph
Of Authorizes
Signatory
In this space*

Signature: _____

Stamp/Seal of the Hotel/Restaurant

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

Payment Details: Cheque/DD/UTR No.: _____ Amount: Rs. _____ Date _____

*** Please enclose your GST Certificate if there is any change/ amendment in your GSTN before payment.**
(INVOICE ONCE GENERATED WILL NOT BE AMENDED)