



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 LISTING PROFORMA cum NOMINATION FORM

LISTING FOR THE FHRAI WEBSITE (MANDATORY)

FHRAI Membership Code: _____ Date: _____

Name of Restaurant: _____ Address _____

_____ City _____ Phone/Mobile: _____

E-mail ID: _____ Website: _____

Name and Designation of the Key Persons for display on the Website (like MD/CEO/General Manager/Manager etc.):

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

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

Timing: [From _____ hrs. To _____ hrs.] and [From _____ hrs. To _____ hrs.]

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

Cuisine: _____

Banquet Facilities: If available, please give details: _____

NOMINATION FORM 2022-23 for 30% FHRAI Discount Card

| Nominee: 1 | | Nominee: 2 | |
|---|--|---|--|
| <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"> <p>Paste photo here and Extra photo not required</p> </div> | | <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"> <p>Paste photo here and Extra photo not required</p> </div> | |
| Name: _____ | | Name: _____ | |
| Designation: _____ | | Designation: _____ | |

Representative (One Point Contact): Name _____ Mobile: _____

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 vote in the Annual General Meeting of FHRAI.

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