

HOTEL AND RESTAURANT ASSOCIATION WESTERN INDIA

4, Candy House, Mandlik Road, Colaba, Mumbai 400 001 Tel : 2202 4076/2283 1624/2281 9773 Fax : 2202 3515

Email: secgen@hrawi.com, asg@hrawi.com, membership@hrawi.com www.hrawi.com

APPLICATION FORM FOR ASSOCIATE MEMBERSHIP

We are desirous of joining as an "Associate Member" of the Hotel & Restaurant Association Western India. If admitted, we agree to abide by the rules and regulation of the Association in force from time to time and it shall be our endeavor to adhere to the policies initiated by the Association and further its prestige. The particulars of our Establishment are mentioned below:

| 1 | Name Establishment: | | | | | | | |
|---|---|---|---|--|--|--|--|--|
| 2 | Registration held in the name of : | | | | | | | |
| 3 | Name of Director/Owner/Partner:Address: | | | | | | | |
| | | | | | | | | |
| | City: State: | | Pin Code : | | | | | |
| | | | Fax : | | | | | |
| | Email: | | Web: | | | | | |
| 4 | Ownership: Proprietorship/Partne | Ownership: Proprietorship/Partnership/Company/Other | | | | | | |
| 5 | Registered office of the Establishment: | | | | | | | |
| | City:State: | | Pin Code : | | | | | |
| | Tel: | | Fax : | | | | | |
| | | | Web: | | | | | |
| 6 | Name of Contact Person: | Mobile: | E-mail : | | | | | |
| 7 | No. of Employees: | Male: | Female: | | | | | |
| 8 | We are enclosing copies of documen | nts required as per checklist. | | | | | | |
| 9 | Enclosed Cheque / Demand Draft No.: | | Dated :for Rs.: | | | | | |
| | Drawn on payable. | | being initial membership subscription amount | | | | | |
| | Place: Dated: _ | | Yours Sincerely, | | | | | |
| | | | Signature of representative (with Rubber stamp) | | | | | |
| | Proposed by : Mr./Ms | | Name of Signatory (in block letters): | | | | | |
| | Signature | | | | | | | |
| | Seconded by: Mr./Ms | | Designation: | | | | | |
| | Signature | | | | | | | |

| | PR | OFILE OF ESTABLI | SHMENT | | | |
|--|--|--|--|---------------------------------|--|--|
|) Name of Repre | sentative : | | Designation : | | | |
| Name of Key E | | | | | | |
| | | | Designation : | | | |
| Name : | | | Designation : | | | |
| | | | Designation : | | | |
| Name : | | | Designation : | | | |
| Nature of Activ | vities :□ Travel Agency | □ Club | ☐ Consultant | ☐ Architect Designe | | |
| (Please tick) | ☐ Dealer in goods | \square Equipment Mfgrs. | ☐ Outdoor Catering | ☐ Bakery Fast Food | | |
| | ☐ Outlet | ☐ Service Provider | ☐ Entertainment center | | | |
| | ☐ Others (please spe | ecify) | | Project stage | | |
| Annual Gross | Turnover of the previous ye | ear. (Rs. in lacs) : | | | | |
| NOTE : The in | nformation furnished will b | e kept confidential and us | sed for statistical purposes (| only. | | |
| | | FINANCIAL YE | AR | | | |
| | ear is from 1st April to 31st Nr membership will continue | | members are admitted durii ncial year. | ng the months of Februar | | |
| _ | | MEMBERSHIP CRI | TERIA | | | |
| | | | | | | |
| 1. Following Estab | olishments will be eligible for a | ndmission of Associate Memb | pership: | | | |
| a. Clubs | | | $e. \ \ Service\ providers / \ Credit\ Card\ companies / \ Banks / \ FOREX\ Dealers.$ | | | |
| | Goods and Equipments. | | f. Travel Agents / Tour Operators / Tourist Taxi Operators / Airlines. g. Consultants / Architects / Interior Designer / Event Managers. | | | |
| | erers/Mandap Contractors. estricted areas like Airpor | chitects / Interior Designer / I nt under project stage with a p | | | | |
| | on and Sweetmeat shop. | | ores until operational. | roject cost of flot less | | |
| The minimum Establishment Report of the least the Establishment | , unless waived by the Executi ocal Association, affiliated to nent shall hold all requisite lic | nment shall be Rs.1.00 Cro ve Committee. HRA(WI) or a Senior promin tences. | ores per annum in case of personent member from the area, was of receiving the completed | rill be called for, if required | | |
| | | For Office Use On | ıly — | | | |
| Membership En | trance fees and Subscription | n amount: | | | | |
| Enclosed : Cheq | ue / Demand Draft No. | | | | | |
| Date: | | For Rs.: | | | | |
| Drawn on : | | Bank : | | Branch: | | |
| Verified by: | | | | | | |
| Date : | Signature: | | | | | |
| Admitted 1 | Evolution Community | ation a bold | | Dagi Ni- | | |
| Admitted at the | : Executive Committee Me | eting held on : | at | Kegd. No. : | | |
| Receipt No.: | | Date: | of Rs.: | | | |

TO BE CONFIRMED AND ATTACHED IN THE ORDER AS SPECIFIED

| | | YES | NO | ANNEXURE | | | | |
|----|---|--|----|----------|--|--|--|--|
| 1. | Partnership Deed/ Memorandum & Articles of Associations | | | A | | | | |
| 2. | PAN Card | | | В | | | | |
| 3. | List of Partners/Directors | | | С | | | | |
| 4. | Leaflet about activities of the Establishment | | | D | | | | |
| 5. | Subscription Cheque attached | | | Е | | | | |
| 6. | GST Challan | | | F | | | | |
| 7. | Registration Certificate of GST | | | G | | | | |
| | (Members based out of Mumbai should furnish DD Payable at Mumbai or a cheque payable at par). | | | | | | | |
| | I, hereby confirm that the above information furnished by me is true and correct. | | | | | | | |
| | | Signature (Owner/Partner/Managing Director) | | | | | | |
| D | ate: | With Rubber Stamp of the Establishment | | | | | | |

Please note a Reprocessing Charge of Rs.500/- will be levied in the event the application is found incomplete and needs to be resent.

HRAWI reserves the right to cancel/revoke membership of any Establishment for reasons, but not limited to, Misrepresentation of facts, Anti Association activities, or any such reason as decided by the Executive Committee Members.