

HOTEL AND RESTAURANT ASSOCIATION (WESTERN INDIA)

4, Candy House, Mandlik Road,

Colaba, Mumbai 400 001

T: 2202 4076/ 2283 1624/ 2281 9773/ 7506719070 F: 2202 3515

E: secgen@hrawi.com, asg@hrawi.com, membership@hrawi.com, membershipservices2@hrawi.com W: www.hrawi.com

RENEWAL OF HOSPITALITY & FOOD SERVICES MEMBERSHIP

צעוו		K (CAPITAL) LETTERS ONI	516	Date :
E SAME SHOULD BE LEGIBLE.			Membership No.:	
	REN	EWAL OF MEMBERSHIP	FOR THE YEAR 20	24 - 2025
		(QSRS / CLOUD KITCH	IEN / FOOD TRUCK)
1	Name of the Establishment:			
	Legal Name of the Establ	ishment:		
2	Enclosed Cheque / Demar	nd Draft No	Dated	for ₹
	Towards payment of the Ann	ual Membership Subscription for	r the year	as per the subscription invoice receive
	from the Association. (Kind	ly share your UTR No. if paym	nent done by RTGS/NE	FT) *
	GST No		(Kindly enclose	a copy of the latest GST Challan)
	Address:			
				in Code:
				Fax:
	Dining E-man.		Web.	
	Name of the Contact Person / Representative * Mr./Ms			
4	Name of the Contact Pers	on / Representative * Mr./Ms.	-	
4		on / Representative * Mr./MsMobile:		
	Designation*:	Mobile:	E-ma	il:
	Designation*:Name of the Owner / Chair	Mobile: rman* Mr./Ms	E-ma	il:
	Designation*:Name of the Owner / Chair	Mobile: rman* Mr./Ms	E-ma	il:
	Designation*:Name of the Owner / Chair Designation*:	Mobile: rman* Mr./Ms Mobile:	E-ma	il:il:il:
5	Designation*:Name of the Owner / Chair Designation*:	Mobile: rman* Mr./Ms Mobile:	E-ma	il:
5	Designation*:Name of the Owner / Chair Designation*:	Mobile: rman* Mr./Ms Mobile:	E-ma	il:il:il:
5	Designation*: Name of the Owner / Chain Designation*: Name of Franchise (if any Thanking you, Yours faithfully,	Mobile: rman* Mr./Ms Mobile:	E-ma	il:il:il:

By signing this form, you authorize HRAWI to collect and retain your personal identifiable information for official purposes. HRAWI is committed to protecting the privacy and security of personal information. The privacy notice describes how we collect and use personal information.