



## Membership Enrollment Form 2017 - 18

# NRAI RESTAURANT MEMBERSHIP

*(Complimentary Membership for Jan – Mar 2017 + Membership for next Financial Year 2017-18 on current rates)*

### Eligibility

Any Restaurant holding a license granted by the competent government / local authority is eligible to become a member.

### CRITERIA

1. The restaurant memberships will be based on the total number of outlets across various brands being operated by the entity.
2. This number will include both owned as well as franchised outlets.
3. Restaurant should have required licenses to operate a restaurant.
4. It should be compliant with all regulatory requirements.
5. The Managing Committee shall determine admission to membership of NRAI and decision of the Committee shall be final.

**We want to be enrolled under NRAI Restaurant Membership of the National Restaurant Association of India. We agree to abide by the Memorandum and Articles of Association, to pay the admission, subscription and legal fund fees for the time being in force and to implement, as far as practicable, the policy of the Association.**

### 1. Company Details:

a. Company Name: \_\_\_\_\_

b. Contact Information:

Corporate Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel.: \_\_\_\_\_ Mobile: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Outlet Details:**

- a. Total number of Restaurant Brands the entity owns: \_\_\_\_\_
- b. Restaurant / Brand Details:

S. No.	Name of the Brand / Restaurant	Total No. of Outlets
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

- c. Total number of outlets the entity owns as on \_\_/\_\_/201\_ : \_\_\_\_\_
- d. Kindly fill the following outlet details:

*(For more than one outlet, please fill the following details for all the outlets being operated on a separate sheet and send along with the membership form / email to [info@nrai.org](mailto:info@nrai.org))*

1.	<i>Name of the Restaurant</i>	
2.	<i>Address</i>	
3.	<i>Contact Number</i>	
4.	<i>Email Address</i>	
5.	<i>Seating Capacity</i>	
6.	<i>Cuisine Served</i>	
7.	<i>Amenities</i>	<i>Free Home Delivery / Take Away Food Service</i>
8.	<i>Liquor Service</i>	<i>Yes / No</i>
9.	<i>Timings</i>	
10.	<i>Entertainment Music</i>	<i>Live / Recorded / Both</i>

**3. Contact Information of Key Persons in the organization:**

*(If you wish to get more representatives from your organisation added for receiving industry news and updates from us, kindly fill the following details on a separate sheet and send along with the membership form / email to [info@nrai.org](mailto:info@nrai.org))*

Name of the MD / CEO: _____	
Tel.: _____	Mobile: _____
Fax: _____	Email: _____
Name of the COO: _____	
Tel.: _____	Mobile: _____
Fax: _____	Email: _____
Name of the Director / VP / GM / Any other: _____	
Tel.: _____	Email: _____
Mobile: _____	Full Designation: _____
Name of the Legal & Liaisoning Head: _____	
Tel.: _____	Email: _____
Mobile: _____	Full Designation: _____
Name of the Purchase / Procurement Head: _____	
Tel.: _____	Email: _____
Mobile: _____	Full Designation: _____
Name of the Corporate Communication Head: _____	
Tel.: _____	Email: _____
Mobile: _____	Full Designation: _____
Name of the HR & Training Head: _____	
Tel.: _____	Email: _____
Mobile: _____	Full Designation: _____

**4. Correspondence to be addressed to:**

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

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

**5. Please enclose the following Licenses:**

- a. Trade / Health / FSSAI                      b. Any other applicable

**6. Please refer to the Membership Fee Chart on page 5 for fee details and note the following:**

- One time admission fee and legal fee are to be paid in full. (*Financial Year*)
- Annual Subscription fee will be prorated quarterly, applicable from the quarter in which the membership is applied for. Service Tax as applicable.
- The above rates of the fee are subject to change without prior notice.
- Payment is to be made by Online Transfer / At Par Cheque / Demand Draft. Payment details are given below.

Name of the Account Holder:	National Restaurant Association of India
Bank Name:	Corporation Bank
A/c No.:	049400301110028
IFSC Code:	CORP0000494
MICR Code:	110017020
Account Type:	Savings
Location:	Hauz Khas, New Delhi - 110016

**7. Kindly tick and fill whichever is applicable:**

- We have paid INR \_\_\_\_\_ through Online Transfer, reference no. \_\_\_\_\_ to 'National Restaurant Association of India' being the one time Admission Fee in Full, Annual Subscription Fee and Legal Fund Fee.
- We are enclosing a Cheque / Demand Draft No. \_\_\_\_\_ for INR \_\_\_\_\_ in favor of 'National Restaurant Association of India' being the one time Admission Fee in Full, Annual Subscription Fee and Legal Fund Fee.

Signature _____ (Authorised Signatory)	Designation _____
Official seal of the establishment	

**8. Kindly send the signed and stamped membership form with information of Online Transfer / along with Cheque / DD to the following address:**

National Restaurant Association of India  
4<sup>th</sup> floor, Phase-II, PDH House, 4/2 Siri Institutional Area,  
August Kranti Marg, New Delhi – 110016.  
Phone: 011-41000967, E-mail: [info@nrai.org](mailto:info@nrai.org), Website: [www.nrai.org](http://www.nrai.org)

**NRAI RESTAURANT MEMBERSHIP FEE CHART (in INR)**

Valid from **01-01-2017** to **31-3-2018**

*(Complimentary Membership for Jan – Mar 2017 + Membership for next Financial Year 2017-18 on current rates)*

No. of Outlets	Admission Fee	Subscription Fee	Legal Fee	Total	Service Tax 15%	Grand Total
<b>1</b>	2400	5100	500	8000	1200	<b>9200</b>
<b>2-4</b>	4000	10400	600	15000	2250	<b>17250</b>
<b>5-10</b>	8000	20000	2000	30000	4500	<b>34500</b>
<b>11-20</b>	13,300	33000	3,700	50000	7500	<b>57500</b>
<b>21-35</b>	20,000	50000	5,000	75000	11,250	<b>86250</b>
<b>36-60</b>	27,000	66000	7,000	1,00,000	15,000	<b>1,15,000</b>
<b>61-100</b>	38,000	91000	9000	1,38,000	20,700	<b>1,58,700</b>
<b>101-200</b>	61,000	1,40,000	14,000	2,15,000	32,250	<b>2,47,250</b>
<b>201-350</b>	1,13,000	2,57,000	20,000	3,90,000	58,500	<b>4,48,500</b>
<b>351-500</b>	1,60,000	3,40,000	50,000	5,50,000	82,500	<b>6,32,500</b>
<b>501 &amp; above</b>	2,10,000	4,00,000	90,000	7,00,000	1,05,000	<b>8,05,000</b>

**Note:**

- One time admission fee and legal fee are to be paid in full. (Financial Year)
- Annual Subscription fee will be prorated quarterly, applicable from the quarter in which the membership is applied for. Service Tax as applicable.
- The above rates of the fee are subject to change without prior notice.

**FOR NRAI OFFICE USE**

***Inspection of the Restaurant (if required):***

Name of the Member / Person who inspected the Restaurant \_\_\_\_\_

Date of Inspection \_\_\_\_\_

Observations (with reference to the criteria of membership on page 1): \_\_\_\_\_

\_\_\_\_\_

Comments \_\_\_\_\_

***Decision of the Managing Committee-***

APPROVED / NOT APPROVED in the Managing Committee Meeting held on \_\_\_\_\_

Membership No . \_\_\_\_\_ Receipt No. \_\_\_\_\_

Membership effective from \_\_/\_\_/2017 \_ to 31/03/2018

Date \_\_\_\_\_ Signature \_\_\_\_\_