



SOUTH INDIA HOTELS AND RESTAURANTS ASSOCIATION

Office No. 3, 6th Floor, Seethakathi Business Centre,
Anna Salai, Chennai - 600 006. Ph: 044 - 2829 7511, 7512, 7510
Email: admin@sihra.in | Website:www.sihra.in

HOTELS APPLICATION FORM

1) Hotel Name:		2) Membership No.:	
3) Classification Category of Dept. of Tourism (Certificate to be attached)			
4) Name & designation of the person in charge of the Member unit			
5) Name & Designation of the Key Person (MD / CEO / GM / Manager etc)			
(i)Mr. / Mrs / Ms.:			Designation:
(ii)Mr. / Mrs / Ms.:			Designation:
(iii)Mr. / Mrs / Ms.:			Designation:
(iv)Mr. / Mrs / Ms.:			Designation:
6) Address:			
7) City:	8) State	9) PIN Code:	
10) Tel. Nos.	STD Code:	11) Mobile No.	
12) Email of:	(a) Hotel:		(b) M D
	(c) CEO:		(d) GM:
13) Website:			14) Distance from Airport : 15) Railway Station: 16) Bus Terminus:
17)Free pickup from Airport provided:			18) Check in / Checkout time:
19) Fees Category:			20) Total Number of Rooms:
21) No. of Rooms:			22) Air Conditioning: <input type="checkbox"/> Central <input type="checkbox"/> Partial <input type="checkbox"/> Non-A/C
23) Room Tariff (tariff card to be attached)			24) Services:
25) Other facilities			Cuisine:
26) Banquet Facilities	Total No. of Halls Capacity in theatre style: Maximum: Minimum:		
27) F&B Facilities:	No. of Restaurants : _____ No. of Bars _____		
28) Credit Cards accepted:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
29. Taxes Applicable: (in percentage only)	IGST: CGST: SGST:		
ON ROOMS BANQUETS			

F & B	% on F&B	% on Indian Liquor	% on Imported Liquor
30) Service Charges (%) on			
31) Ownership details:		Individual <input type="checkbox"/>	Firm <input type="checkbox"/> Body Corporate <input type="checkbox"/>
LEGAL NAME			
Name and Registered Address of the Owner: i.e. Registered Office Address of the Individual/ Firm/Body Corporate (private/public)			
Phone:		E-Mail Id:	
If the Member (Hotel) is owned by a hotel chain, please mention National or International Chain & the name of the hotel chain.			
Permanent Account No. of the owner (individual/firm/body corporate)		Unique Identification No.	
CIN/Registration No. of the owner i.e. individual/firm/body corporate			
GSTN NUMBER:		SERVICE TAX REGN NO.	
TRADE NAME:		TIN NO.	
Date of becoming a Member of SIHRA			
32) Nominee details for Discount Card			
i) Name:		Designation:	
ii) Name		Designation:	
33) Membership details in any other association/professional bodies			
34) Any other details/instructions			
Payment Details:			
DD No.	Date:	Bank:	Amount:
NEFT :UTI NUMBER		BANK	
AMOUNT:			
Name:		We hereby undertake to agree and abide by the Rules & Regulations of the Association Signature of Authorised Signatory: (with official seal)	
Designation:			
Date:			
The financial year of the Association begins on 1 st April of every year.			

FEE STRUCTURE W.E.F. July 1, 2022
RENEWAL OF HOTEL MEMBERSHIP (EXISTING MEMBERS)

Category			Subscription	Legal fund	Total	GST @ 18%	Amount payable
No. of Rooms			RS.	RS.	RS.	RS.	RS.
Upto 50			3,638	562	4,200	756	4,956
51-100			6,113	562	6,675	1,202	7,877
101-150			9,188	562	9,750	1,755	11,505
151-200			12,188	562	12,750	2,295	15,045
201-250			15,263	562	15,825	2,849	18,674
251-300			16,688	562	17,250	3,105	20,355
301-400			21,038	562	21,600	3,888	25,488
Above 401 Rooms			29,738	562	30,300	5,454	35,754

RENEWAL OF RESTAURANT MEMBERSHIP (EXISTING MEMBERS)

Category			Subscription	Legal fund	Total	GST @ 18%	Amount payable
No. of COVERS			RS.	RS.	RS.	RS.	RS.
Up to 100			5000	-	5,000	900	5,900
Above 100 covers			7500	-	7,500	1,350	8,850

RENEWAL OF ASSOCIATE MEMBERSHIP (EXISTING MEMBERS)

			4950		4950	891	5841
--	--	--	------	--	------	-----	------

NEW MEMBERS – HOTEL

Category	Entrance fee	Building Fund	Subscription	Legal fund	Total	GST @ 18%	Amount payable
No. of Rooms	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
Up to 50 Rooms	3000	-	4850	750	8,600	1,548	10,148
51-100 Rooms	4000	-	8150	750	12,900	2,322	15,222
101-150 Rooms	5000	-	12250	750	18,000	3,240	21,240
151-200 Rooms	7500	-	16250	750	24,500	4,410	28,910
201-250 Rooms	10000	-	20350	750	31,100	5,598	36,698
251-300 Rooms	10000	-	22250	750	33,000	5,940	38,940
301-400 Rooms	10000	-	28050	750	38,800	6,984	45,784
Above 401 Rooms	10000	-	39650	750	50,400	9,072	59,472

NEW MEMBERS – RESTAURANTS

Category	Entrance fee	Building Fund	Subscription	Legal fund	Total	GST @ 18%	Amount payable
No. of COVERS	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
Up to 100	2500	-	5000	-	7,500	1,350	8,850
Above 100 covers	3000	-	7500	-	10,500	1,890	12,390

NEW MEMBERS – ASSOCIATES

	Entrance fee	Building Fund	Subscription	Legal fund	Total for GST	GST @ 18%	Total including GST
	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
	4000	-	6600	-	10600	1908	12508



South India Hotels and Restaurants Association

Office no 3 6th floor Seethakathi Business Centre Anna Salai, Chennai – 600 006

Tel: 044 - 28297510 /11/ 12 e-mail: admin@sihra.in

NOMINATION FORM FOR HOTELS & RESTAURANTS

(For 20% SIHRA Discount Cards)

Name of the Establishment: _____

Name & Designation of
Chief Executive/Owner/Partner: _____

Address of the Establishment: _____

City: _____ State: _____ Pincode: _____

Telephone: (STD CODE _____) : _____ Mobile No. _____

Email of a) Establishment : _____

b)CMD/CEO/GM: _____

Website : _____

Nominee : 1
<div style="border: 1px solid black; padding: 10px; text-align: center;">Please paste photograph of Nominee : 1 in this space</div> <p>Please write in Capital Letters only</p> <p>Name: _____</p> <p>Designation: _____</p> <p>Specimen Signature: _____</p>

Nominee : 2
<div style="border: 1px solid black; padding: 10px; text-align: center;">Please paste photograph of Nominee : 2 in this space</div> <p>Please write in Capital Letters only</p> <p>Name: _____</p> <p>Designation: _____</p> <p>Specimen Signature: _____</p>

Note: Please send us 2 passport size photographs (one to be pasted inside the box) of each of your two nominees for the discount cards.

Signature of the person authorising the issue of cards:

Name & Designation:

Date:

Stamp/seal of the Hotel/Restaurant