

SOUTH INDIA HOTELS AND

RESTAURANTS ASSOCIATION
Office No. 3, 6th Floor, Seethakathi Business Centre,
AnnaSalai, Chennai – 600006. Ph. 044-28297511, 7512, 7510
Email:admin@sihra.in | Website: www.sihra.in

RESTAURANT APPLICATION FORM

Hindrigania membra au	56 (10)									
1) Restaurar) Restaurant Name					2) Membership No.:				
	d designation of the charge of the Res									
	designation of the of the Member unit	person								
5) Address:		::1								
6) City:			7) State:	•					8) PIN Code:	
9) Ph.No.:	S T D CODE:				E::	10) Mobile No.				
11) Email of:	(a) Restaurant:	«EmailRestau	rant»			(b) CEO/G	SM :«En	nailCEO_	GM»	
12)Website	«Website»				13) Ow	vnership Deta	alls	ndividual	Body Corporate	
(i) TRADE N	AME					GST	N NO	•		
Registere	ed Address of the of d Office Address of Corporate who o	of the Individua	1							
(iii) Ph.No.:		(i	v) E-mail Id:				(14)		•	
please n	estaurant is owned nention whether it onal Chain and the	is owned by Na	ational or							
	nt Account No. of otel/restaurant				(ii)Uniq	ue Identificat	tion No.			
(iii) CIN/Reg	istrationNo.				(iv) Sta	itus			active inactive	
(v) Nationalit	ty					becoming a Naturants Asso		f South I	ndia Hotels	
16) Nominat	ions:	ame ame	- 1					Designa	ation	
17) Fees category	Upto	100 Covers	Above	100 C	Covers			18) Sea	iting Capacity:	
19) Cuisine:					20)Wo	rking Hours (Timings)			
21) Taxes Ap GST	oplicable									
	% 0	n F&B		% or	n Indiar	n Liquor			% on Imported Liquor	
22) Location	24) Entertainm 2) Location Profile: «LocationProfile» 23) Air Conditioning:				nent and amenities:					
25) Credit ca «CreditC			26) Member							
27) Any othe	er details/instructio	ns:			28) Enclosed, [in favour of		ayable a	for Rs. t Chennai	
Name:						We hereby u	undertake to		abide by the Rules & Regulations of the ociation	
Designation:			Date:			Signa	Signature of Authorised Signatory:(withofficial seal)			
The financial year o	f the Association begins on	1st April of every year.			2					

FEE STRUCTURE W.E.F. July 1, 2022

RENEWAL OF HOTEL MEMBERSHIP (EXISTING MEMBERS)

Entrance fee

Rs.

4000

Rs.

Rs.

6600

Category			Subscription	Legal fund	Total	GST @ 18%	Amount payable	
No. of Rooms			RS.	RS.	RS.	RS.	RS.	1
Upto 50			3,638	562	4,200	756	4,956	l
51-100			6,113	562	6,675	1,202	7,877	l
101-150		Ĭ.	9,188	562	9,750	1,755	11,505	1
151-200			12,188	562	12,750	2,295	15,045	1
201-250			15,263	562	15,825	2,849	18,674	l
251-300			16,688	562	17,250	3,105	20,355	l
301-400			21,038	562	21,600	3,888	25,488	l
Above 401 Rooms			29,738	562	30,300	5,454	35,754	
RENEWAL OF RESTA	AURANT ME	MBERSHIP	(EXISTING MEMI	BERS)	~			
Category			Subscription	Legal fund	Total	GST @ 18%	Amount payable	
No. of COVERS			RS.	RS.	RS.	RS.	RS.	
Up to 100			5000	5	5,000	900	5,900	l
Above 100 covers			7500	-	7,500	1,350	8,850	
RENEWAL OF ASSO	CIATE MEME	BERSHIP (EX	(ISTING MEMBEI	RS)				
			4950		4950	891	5841	
NEW MEMBERS — F	HOTEL Entrance fee	Building Fund	Subscription	Legal fund	Total	GST @ 18%	Amount payable	
No. of Rooms	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	l
Up to 50 Rooms	3000	121	4850	750	8,600	1,548	10,148	
51-100 Rooms	4000	121	8150	750	12,900	2,322	15,222	
101-150 Rooms	5000	121	12250	750	18,000	3,240	21,240	ı
151-200 Rooms	7500	121	16250	750	24,500	4,410	28,910	
201-250 Rooms	10000	327	20350		31,100	5,598	36,698	
251-300 Rooms	10000	121	22250	750	33,000	5,940	38,940	
301-400 Rooms	10000	121	28050	750	38,800	6,984	45,784	
Above 401 Rooms	10000	o n a	39650	750	50,400	9,072	59,472	
NEW MEMBERS – R	RESTAURANT	S						
Category Entrance fee		Building Fund			Total	GST @ 18%	Am pay	
No. of COVERS		Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	R
Up to 100		2500	:=::	5000		7,500	1,350	
Above 100 covers		3000	(8)	7500	-	10,500	1,890	1
NEW MEMBERS – A	ASSOCIATES	1						
NEW WIEIWIDERS	1330CIA ILS					1	3	То

Building Fund Subscription Legal fund Total for GST GST @ 18% including

Rs.

10600

Rs.

GST

Rs.

12508

Rs.

1908



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 & Designation of Chief Executive/Owner/Partner:		
address of the Establishment:		
Eity:	State:	Pincode:
Telephone: (STD CODE):		Mobile No
Nominee : 1		Nominee : 2
Please paste photograph of Nominee : 1 in this space		Please paste photograph of Nominee : 2 in this space
Please write in Capital Letters only		Please write in Capital Letters only
Name:		Name:
Designation:	<u></u> -	Designation:
Specimen Signature:		Specimen Signature

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