



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.org

H O T E L S
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. APRIL 1, 2018

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			4631	750	5381	969	6350
51-100			7756	750	8506	1531	10037
101-150			11622	750	12372	2227	14599
151-200			15501	750	16251	2925	19176
201-250			19367	750	20117	3621	23738
251-300			21223	750	21973	3955	25928
301-400			26735	750	27485	4947	32432
Above 401 Rooms			37760	750	38510	6932	45442

RENEWAL OF RESTAURANT MEMBERSHIP (EXISTING MEMBERS)

Category			Subscription	Legal fund	Total	GST @ 18%	Amount payable
No. of COVERS			RS.	RS.	RS.	RS.	RS.
Upto 100			6483	500	6983	1257	8240
Above 100 covers			9261	500	9761	1757	11518

RENEWAL OF ASSOCIATE MEMBERSHIP (EXISTING MEMBERS)

			6300		6300	1134	7434
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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	2500	4631	750	10881	1959	12840
51-100 Rooms	4000	2500	7756	750	15006	2701	17707
101-150 Rooms	5000	2500	11622	750	19872	3577	23449
151-200 Rooms	7500	2500	15501	750	26251	4725	30976
201-250 Rooms	10000	2500	19367	750	32617	5871	38488
251-300 Rooms	10000	2500	21223	750	34473	6205	40678
301-400 Rooms	10000	2500	26735	750	39985	7197	47182
Above 401 Rooms	10000	2500	37760	750	51010	9182	60192

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	2500	6483	500	11983	2157	14140
Above 100 covers	3000	2500	9261	500	15261	2747	18008

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	2500	6300	-	12800	2304	15104



South India Hotels and Restaurants Association

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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: 5px; 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: 5px; 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