



FOOD & DRUGS CONSUMER WELFARE COMMITTEE

Regd. No. : G.B.B.S.D. 928/2016 Mumbai, Maharashtra State

Hotel Membership Form

New Registration Renewal

No. _____

NAME OF HOTEL : _____

OWNER' NAME : _____

DATE OF INCEPTION : _____

HOTEL ADDRESS : _____

CONTACT NOS. : _____

EMAIL ID : _____

LICENCE NO. : _____

TYPE OF HOTEL : 3 Star Hotel Executive Restaurants
 Dine & Wine Family Restaurant
 Banquet Resorts
 Dhaba Sweet Corner & Fast Food Centre
 Other : _____

DECLARATION

Please accept my application form for "FDCWC Hotel Membership". I acknowledge that I will follow the rules and regulations of the FDCWC and I agree to abide by them. I assure you that the information provided by me is true and correct. I am aware that if found any wrong information my application will be rejected. And I am also aware that the membership fees paid cannot be claimed at any cost.

Date : _____

Place : _____

Seal of Hotel

Applicant Signature

FOR OFFICIAL USE

Introduced By : _____

Authorised By : _____

Signature : _____

Signature : _____

Note:

- Pan Card & Adhaar Card is required as address proof to process and verify the application form.
- Application for hotel member registration acceptance rights will remain with FDCWC.
- Membership registration will be valid for one year only.

Corporate Off.: 231, Commissariat Bld., 1st Floor, Next to Videocon House, Opp. ICICI Bank, D.N. Road, Fort, Mumbai - 400 001.

Regd. Off.: 178/2768, Group 8B, Tagore Nagar, Near Sandesh College, Vikhroli (E), Mumbai - 400 083.

Web : www.fdcwc.in | **Email :** admin@fdcwc.in