

APPLICATION FOR MEMBERSHIP

Catering Establishments

Please type or use block letters

2 Gallina Street
Kappara, San Gwann
Tel 21318133/4
Fax 21336477
mhra@mhra.org.mt
www.mhra.org.mt

1 ESTABLISHMENT

Name of Est	<input type="text"/>	Classification	<input type="text"/>
Address	<input type="text"/>	Type	<input type="text"/>
	<input type="text"/>	Tel nr:	<input type="text"/>
	<input type="text"/>	Mob nr:	<input type="text"/>
	<input type="text"/>	Fax nr	<input type="text"/>
Year of opening:	<input type="text"/>	E-Mail	<input type="text"/>
		Website	<input type="text"/>
		VAT Nr	<input type="text"/>

Name of Company or owner:

Establishment status:
strike what is not applicable

4 Restaurants

No. of Covers

6 Snack Bars

No. of Covers

5 Wine Bars

No. of Covers

Staff compliment:

Full Time

Part Time

Participate in Discount scheme for MHRA members: %

Name of Applicant

Designation

Signature



MHRA Official Bankers

