

FORM 5[see Regulation 4]

ON THE LETTER HEAD OF CHARTERED ACCOUNTANT (WHO IS STATUTORY AUDITOR OF THE PROMOTER'S COMPANY/FIRM)

ANNUAL REPORT ON STATEMENT OF ACCOUNTS

To

SUBHASH DEVIDAS BHARSAKALE

Deusha, Behind Atul Mangal Karyalaya,

Rukhmini Nagar Amravati. 444607

SUBJECT: Report on Statement of Accounts on project fund utilization and withdrawal by [Promoter] for the period from **START OF PROJECT** to **31-07-2017** with respect to MahaRERA Regn. Number -----

This certificate is issued in accordance with the provisions of the Real Estate (Regulation and Development) Act, 2016 read along with the Maharashtra Real Estate (Regulation and Development)(Registration of Real Estate Projects, Registration of Real Estate Agents, Rates of Interest and Disclosures on Website) Rules, 2017. '

I/We have obtained all necessary information and explanation from the Company, during the course of our audit, which in my/our opinion are necessary for the purpose of this certificate.

I/We hereby confirm that I/We have examined the prescribed registers, books and documents, and the relevant records of [Promoter] for the period ended **31-07-2017** and hereby certify that:

M/S. SUBHASH DEVIDAS BHARSAKALE (Promoter) have completed **8.24%** of the project titled **SHIVAJI SANKUL - 5 -** (Name) MahaRERA Regn.No. _____ located at Survey no. 24/1B, 24/1C, 24/1D, & 24/2 Final plot No. 15A from the S. No. 24/1B, 24/1C, 24/1D & plot No. 7, 5 PART & 6 PART from the S. No. 24/2 of Division Amravati village Akoli, taluka Amravati, District- Amravati, PIN 444607,,



Amount collected during the year for this project is **Rs. NIL**
and amounts collected till date is **Rs. NIL**

Amount withdrawn during the year for this project is **Rs. NIL**
and amount withdrawn till date is **Rs. NIL**

I/We certify that the **[SUBHASH DEVIDAS BHARSAKALE]** has utilized the amounts collected for **SHIVAJI SANKUL - 5 -** project only for that project and the withdrawal from the designated bank account(s) of the said project has been in accordance with the proportion to the percentage of completion of the project.

(If not, please specify the amount withdrawn in excess of eligible amount or any other exceptions)



(Signature and Stamp/Seal of the Signatory CA)

Name of the Signatory - **PREMKISHOR KAKANI**

Membership No.: **046269**

Contact No : 9422190431

E mail:

Place: AMRAVATI,

Date: