

**Sagar S Rathi & Associates**

Chartered Accountants

FRN No. 142386W

CA Sagar S Rathi

B.Com.,ACA



Near Maheshwari Bhavan,

New Radhakishan Plot,

Akola – 444001 (M.S.)

Mob: 9923452257/7276216652

E-mail: sagar.suresh.rathi@gmail.com

**FORM 5 (see Regulation 4)**  
**ANNUAL REPORT ON STATEMENT OF ACCOUNTS**  
**CHARTERED ACCOUNTANT CERTIFICATE**  
**(WHO IS ANNUAL AUDITOR OF THE PROMOTER'S COMPANY/FIRM)**

Date: 15/10/2024

To,  
Kishore M Agrawal,  
Near Shyamdeep Hospital,  
Patrakar Colony,  
Akola-444001

**SUBJECT:** Report on Statement of Accounts on project fund deposit, utilization and withdrawal by Kishore M Agrawal for the period from 01/04/2023 to 31/03/2024 with respect to project "**Naksh Imperial**" - Maharera Regn. Number - **P50100052961**.

1. 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.
2. I have obtained all the necessary information and explanation from the Company, during the course of our audit, which in my opinion are necessary for the purpose of this certificate.
3. I hereby confirm that I have examined the prescribed registers, books and documents, and the relevant records of Kishore M Agrawal for the period ended 31/03/2024 and hereby state that:



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**A. Deposits:**

| Sr. No. | Particulars                                                    | For the Fiscal Year | Total for the project till date |
|---------|----------------------------------------------------------------|---------------------|---------------------------------|
| 1.      | Total Amount collected from allottees                          | 00.00               | 00.00                           |
| 2.      | % of amount to be deposited as per Act                         | NA                  | NA                              |
| 3.      | Amount to be deposited as per Act (1*2)                        | NA                  | NA                              |
| 4.      | Total amount deposited in the designated bank account          | NA                  | NA                              |
| 5.      | % of amount deposited in designated bank account [(4)/(1)*100] | NA                  | NA                              |
| 6.      | Shortfall/Excess deposit (3-4)                                 | 00.00               | 00.00                           |

Has the required portion of money collected from allottees of the project units, as specified in the act, deposited in the designated RERA bank account? NA

If No, Please mention the amount not deposited.

**B. Withdrawals**

| Sr. No. | Particulars                                | For the Fiscal Year | Total for the project till date |
|---------|--------------------------------------------|---------------------|---------------------------------|
| 1.      | Opening Balance of designated bank account | 00.00               | 00.00                           |
| 2.      | Total Deposits                             | 00.00               | 00.00                           |
| 3.      | Total amount withdrawn                     | 00.00               | 00.00                           |
| 4.      | Closing Balance                            | 00.00               | 00.00                           |

As specified in the Act, all the amount withdrawn during the year from RERA Bank account were within the withdrawal limit as certified under relevant Form 1, Form 2 and Form 3 issued during the reporting period? NA

If No, Please provide the below details :-



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| Sr. No. | Date of Withdrawal | Amount of Excess Withdrawal |
|---------|--------------------|-----------------------------|
| 1.      | NA                 | NA                          |

**C. Utilization**

I certify that, the Kishore M Agrawal has utilized the amount withdrawn from designated bank account towards project cost only as specified in the act.

If No, Please provide the below details:

| Sr. No. | Date | Amount not utilized for the project |
|---------|------|-------------------------------------|
| 1.      | NA   | NA                                  |

**D. Any Qualification / Observation of CA**

|    |                                                                                       |
|----|---------------------------------------------------------------------------------------|
| 1. | This Certificate has been issued on the basis of limited review of books of accounts. |
|----|---------------------------------------------------------------------------------------|

Agreed and Accepted by :

Signature of Promoter

Name : Kishore M Agrawal

Partner

Date : 19/10/2024

SAGAR S. RATHI &amp; ASSOCIATES

Chartered Accountants

FRN 142386W

SAGAR SURESH RATHI

PROPRITOR

MEM. NO. 171165

UDIN: 24171165BKHKRJ5153

