

FORM 5

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

ANNUAL REPORT ON STATEMENT OF ACCOUNTS

To,

RAJESH SHANKARRAO KASHMIRE
PROP. OF KASHMIRE REALTY, PROJECT - PRIME RESIDENCY,
PLOT NO. 5-6 SR NO 181A AND 180,
HIRAWADI ROAD, OPP RAJLAXAMI BANK
PANCHAVATI NASHIK - 422003

SUBJECT: Report on Statement of Accounts on project fund utilization and withdrawn by [Promoter]
for the period from **01.04.2019 to 31.03.2020** with respect to **Project - PRIME RESIDENCY RERA**
Regn. Number – **P51600010552**

1. This certificate is issued accordance with 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/We have obtained all the 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.

3. 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 **31.03.2020** and hereby certify that:

i. **M/S. KASHMIRER REALTY PROP. RAJESH SHANKARRAO KASHMIRE (Promoter)** have completed **100 %** of the project titled **PRIME RESIDENCY (Name)** Regn. No. **P51600010552** located at **PLOT NO. 5-6 SR NO 181A AND 180 HIRAWADI ROAD, OPP RAJLAXAMI BANK PANCHAVATI NASHIK - 422003**

ii. Amount collected during the year for this project is **Rs. 1,25,19,200 /-** and amount collected till date is **Rs. 2,16,81,000 /-**

iii. Amount withdrawn during the year for this project is **Rs. 1,45,19,200 /-** and amount withdrawn till date is **Rs. 2,16,81,000/-**



4. I/We certify that the **M/S. KASHMIRE REALTY PROP. RAJESH SHANKARRAO KASHMIRE** has utilized the amounts the amounts collected for **PRIME RESIDENCY** 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(If not, specify the amount withdrawn in excess of eligible amount or any other exceptions)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:

Full Address:

Membership No:

Contact No:

Email:

HALGAT BOTHARA & ASSOCIATES
CHARTERED ACCOUNTANTS

Lokhande.
TUSHAR S. LOKHANDE
PARTNER
MEM. NO. 153261



Place : NASHIK

Date : 30/12/2020

UDIN : 21153261AAAACT5717

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catushar.nsik@gmail.com.