FORM 5

[*see* Regulation[1] 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,
Kalyan Toll Infrastructure Ltd.
Kalyan Samruddhi Apartment, Dhruva Nagar, Gangapur Road, Nashik 422010.

SUBJECT: Report on Statement of Accounts on project fund utilization and withdrawal by Kalyan Toll Infrastructure Ltd. for the period from 31/08/2017 to 30/11/2018 with respect to MahaRERA Regn. Number P51600011079

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/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.
3. I/We hereby confirm that I/We have examined the prescribed registers, books and documents, and the relevant records of Kalyan Toll Infrastructure Ltd. for the period ended 30/11/2018 and hereby certify that:

i. M/S Kalyan Toll Infrastructure Ltd. have completed 100% of the project titled KALYAN SAMRUDDHI APARTMENT MahaRERA Regn. No. P51600011079 located at Sr. No. 58/1+2/1 Final Plot No. 30+32, Dhruva Nagar, Gangapur Road, Nashik 422010.
ii. Amount collected during the tenure for this project is Rs. 1,17,27,500 and amounts collected till date is Rs 2,48,36,500.
iii. Amount withdrawn during the tenure for this project is Rs. 1,17,27,500 and amount withdrawn till date is Rs. 2,48,36,500.

4. I/We certify that the M/S Kalyan Toll Infrastructure Ltd. has utilized the amounts collected for KALYAN SAMRUDDHI APARTMENT 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(If not, please specify the amount withdrawn in excess of eligible amount or any other exceptions).

Place:
Date:

(Signature and Stamp/Seal of the Signatory CA)
Name of the Signatory :
Full Address :
Membership No.:

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Contact No. :
E mail :