

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,

CITYSCAPE BUILDCON BUILDCON

**PLOT NO 13 AND 14 SURVEY NO 105/1/2/2P AT NASHIK (M CORP.), INDIRA NAGAR NASHIK -
422009**

SUBJECT: Report on Statement of Accounts on project fund utilization and withdrawn by [Promoter]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 – VARAD RESIDENCY**
RERA Regn. Number – **P51600021616**

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. **MR. RAHUL MUNOT (Promoter, Partner)** have completed **68.60%** of the project titled **VARAD RESIDENCY (Name)** Regn. No. **P51600021616**, located at **PLOT NO 13 AND 14 SURVEY NO 105/1/2/2P AT NASHIK (M CORP.), INDIRA NAGAR NASHIK - 422009.**

ii. Amount collected during the year for this project is **Rs. 82,85,124 /-** and amount collected till date is **Rs. 82,85,124 /-.**

iii. Amount withdrawn during the year for this project is **Rs. 82,85,124 /-** and amount withdrawn till date is **Rs. 82,85,124 /-**



4. I/We certify that the **M/S. RAHUL MUNOT, PARTNER** has utilized the amounts the amounts collected for **VARAD 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(If not, specify the amount withdrawn in excess of eligible amount or any other exceptions)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)

Tushar S Lokhande

Name of the Signatory: TUSHAR S LOKHANDE

Full Address:

Membership No: 153261

Contact No: 9764000774

Email: catushar.nsk@gmail.com



Place : NASHIK

Date : 22.01.2021

UDIN : 21153261 AAAACG 1386