

RAVINDRA LASHKARE & ASSOCIATES

CHARTERED ACCOUNTANTS

ADD.: Plot No. 25, Red Cross Road, Sadar, Nagpur - 440001

M.: +91-9373103089

| E-mail: ravindralashkare@gmail.com

ANNEXURE F

FORM 5

(See Regulation 4)

ANNUAL REPORT ON STATEMENT OF ACCOUNTS

CHARTERED ACCOUNTANT'S CERTIFICATE

Project: "MB TOWN 4 PHASE 1", Maha RERA No. - P50500032132

For the period from 1st April 2023 to 31st March 2024

Date: 18th October 2024

To,

M/s. Maharana and Bose Associates

**Plot No. 42, MB Town III, Godhani Road, Zingabai Takli,
Sparsh Hospital, Nagpur - 440030.**

Subject: Report on Statement of Accounts on Project fund deposit, utilization and withdrawal by M/s. Maharana and Bose Associates for the period from 1st April 2023 to 31st March 2024 with respect to Maha RERA Number - P50500032132, named as "MB TOWN 4 PHASE 1".

1. This certificate is issued in accordance with the provision of the Real Estate (Regulation and Development) Act 2016 real along with the Maharashtra Real Estate (Regulation & Development) (Registration of Real Estate Projects, Registration of Real Estate Agent, Rate of Interest and Disclosures on website) Rules, 2017.
2. I/We have obtained all necessary information and explanation from the promoter 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 31st March 2021 and hereby certify that :

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A- DEPOSIT

Sr. No.	Particulars	For this Fiscal Year	Total for this project till date
1	Total allotted collected from allottees	00	00
2	% of amount to be deposited as per act	100%	100%
3	Amount to be deposited as per act (1*2)	00	00
4	Total amount deposited in the Designated Bank Account	00	00
5	% of Amount deposited in Designated Bank Account [(4)/(1)*100]	100%	100%
6	Shortfall / Excess deposit (3-4)	N.A.	N.A.

Amount collect/deposited at Sr. No. 1 & 2, shall not include pass through charges and indirect taxes.

Has the required proportion of money collected from allottees of the project units, as specified in the act, deposited in the Designated RERA Bank Account (yes/no)

If No, Please mention the amount not deposited

B- WITHDRAWAL

		For this Fiscal Year	Total for this project till date
1	Opening Balance of Designated Bank Account	NIL	NIL
2	Total Deposit	00	00

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3	Total amount withdrawn	00	00
4	Closing Balance	NIL	NIL

As specified in the Act, All the amounts withdrawn during the year from RERA Bank Account were within the withdrawal limit as certified under the relevant FORM 1, FORM 2 & FORM 3 issued during the reporting period. (YES/No)

If NO, Please provide the below details:

Sr. No	Date of Withdrawal	Amount of Excess Withdrawal
1		

C- UTILISATION

I/We certify that, the (Name of promoter) has utilized the amount withdrawn from designated bank account towards project cost any, as specified in the act.

Sr. No	Date	Amount not utilized for Project Cost
1		

D- ANY QUALIFICATION/OBSERVATION OF CA

1	All the details are updated in the certificate as per the limited information provided by the client with respect to the project only.
2	All the details are from the un-audited books of accounts, as provided by the client with respect to the project only.

RAVINDRA LASHKARE & ASSOCIATES

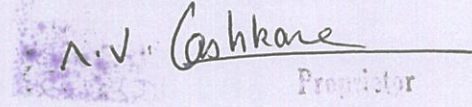
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For M/s. Ravindra Lashkare & Associates


Proprietor

Signature of Chartered Accountant

UDIN: 24039987BKHMxz8406

Membership No.: 039987

Name: Ravindra Lashkare

Maharana and Bose Associates



Partner

Agreed and Accepted By

Signature of Promoter

Name: M/s. Maharana and Bose Associates

Date: 18th October 2024