

# **GAYAKWAD AND ARRACKEN**

### **CHARTERED ACCOUNTANTS**

401, 402, 501 Ganesh Smruti Towers, Opp. Petrol Pump, Agra Road, Kalyan (W) - 421 301 Tel: 8097567520 email: casunben@yahoo.co.in

Shop No. 8, Gangagiri C.H.S., Near SVC bank, Pune Link Road, Tisgaon, Kalyan (E) - 421 306 Tel: 8097567519 email: casunben@gmail.com

S. M. GAYAKWAD B.com. F.C.A.

B. J. ARRACKEN B.com. F.C.A.

Annexure F FORM 5

(See Regulation 4)

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

# ANNUAL REPORT ON STATEMENT OF ACCOUNTS CHARTERED ACCOUNTANTS CERTIFICATE (On the Letterhead)

To.

The RAI RESIDENCY PVT LTD, Sai Ganesh Sankul, Vijay Nagar, Kalyan (E)

SUBJECT: Report on Statement of Accounts on project fund deposit. utilization and withdraw at by [Promoter] tor the period from 01/04/2022 to 31/03/2023\_with respect to MahaRERA Regn Number P51700049225.

- 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 ten \Website) Rules, 2017.
- 2. 1/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 1/We have examined the prescribed registers, books and documents, and the relevant records of (Promoter) for the period ended 31/03/2023 and hereby certify that:

### A. Deposits:

		For this Fiscal year	Total for this project till date
1.	Total amount collected from allottees	0	0
2.	% of amount to be deposited as per act	100%	100%
3.	Amount to be deposited as per act (1*2)	0	0
4.	Total amount deposited in the Designated Bank Account	0	0
5.	% of Amount deposited in Designated Bank Account [(4)/(1)*100]	100%	100%
6.	Shortfall/Excess deposit (3-4)	0	0

Amount collected/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) YES

If No. Please mention the amount not deposited.....



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#### B. Withdrawals

		For- this Fiscal year	Total for this project till Date
1.	Opening Balance of Designated Bank Account	10000	10000
2	Total Deposits	0	0
3.	Total amount withdrawn	0	0
4.	Closing Balance	10000	10000

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 and Form 3 issued during the reporting period? (Yes / No)

If No, Please provide the below details:-

S.No.	Date of withdrawal	Amount of Excess Withdrawals	
1			

#### C. Utilisation

I/We certify that, the (Name of Promoter) has utilized the amounts withdrawn from designated bank account towards project cost only.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

If No, please provide the below details:-

S.No.	Date	Amount not utilised for Project Cost
1		

### D. Any Qualifications / Observations of CA

	The state of the s
1	The Promoter have Spent Rs 6,54,74,815 for the Project from thir Own Funds.
2	
3	

Reg. No. 114465W

ED ACC

Yours Faithfully,

Signature of Chartered Accountant

UDIN. 24043857BKEZCX2239

and Membership Number.043857)

Name..Sunil M Gayakwad Gayakwad & Arracken **Chartered Accountants** Firm reg no 114465W

Agreed and Accepted by:
For Rai Residency Pyt.Ltd.

Signature of Promoter