



FORM 5

[see Regulation 4]

ANNUAL REPORT ON STATEMENTS OF ACCOUNTS

To,

The Partner,  
M/s. Ashtavinayak Developers  
Office No-43, 1st Floor,  
Hiranandani Crystal Plaza, Sector-7, Kharghar  
Navi Mumbai-410210

**Subject:** Report on Statement of Accounts on Project Fund Utilization and withdrawal by (Promoter)

For the Period **01/04/2017** to **31/03/2018**  
with respect to MahaRERA Regn. Number **P52000004351**

1 This Certificate is issued in accordance with the provisions of The Real Estate (Regulation and Development) Act, 2016 read alongwith the Maharashtra Real Estate (Regulation and Development) (Registration of Real Estate Projects, Registration of Real Estate Agents, Rates of Interest and Rates of Interest and Disclosure 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 We hereby confirm that we have examined the prescribed registers, books and documents, and the relevant records of for the period ended **31/03/2018** and hereby Certify that :

**M/s. Ashtavinayak Developers**

i M/s. **M/s. Ashtavinayak Developers** have completed  
MahaRERA R **P52000004351** located at

**82%** % of the Project titled

**Ashtavinayak Heights**

**Plot No-89, Sector-23, Taloje, Panchanand, Panvel, Raigad, 410208**

ii Amount collected during the year for this project is Rs. **61,955,126** and amount Collected till date is Rs. **137,147,272**

iii Amount withdrawn during the year for this project is Rs. **54,392,024** and amount withdrawn till date is Rs. **133,669,170**

iv I/We Certify that **M/s. Ashtavinayak Developers** has utilized the amounts collected for **Ashtavinayak Heights** 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(If not, please specify the amount withdrawn in excess of eligible amount or any other exception.)

Name of The Signatory **CA Deepesh Shah**  
Firm Name **M/s. DSSM and Co. LLP**  
Place **Panvel**  
Full Address **1st Floor, Ravi Kiran Building,  
Near Bans High School,  
M.C.C.H Society Panvel, 410206**  
Date **29.09.2018**  
Membership Number **134513**  
FRN **W100065**  
Contact No. **02227451820**  
Email **deepesh@dssmllp.com**

*Deepesh*