**Form – 5**

**Annual Report on Statement of Accounts**

**(on the letter head of chartered accountants who is statutory auditor of the promoter’s company/firm)**

To,

[NAME & ADDRESS OF PROMOTER]

**SUBJECT:** Report on Statement of Accounts on project fund utilization and withdrawal by [Promoter] for the period from \_\_\_\_ to \_\_\_with respect to project\_\_\_\_\_\_ RERA Registration Number \_\_\_\_\_\_\_\_

1. This certificate is issued in accordance with the provisions of the Real Estate (Regulation and Development) Act, 2016 read along with the Real Estate (Regulation and Development)(Registration of Real Estate Projects, Registration of Real Estate Agents, Rates of Interest and Disclosures on Website) Rules, 2017 Karnataka.

2. I/We have obtained all necessary information and explanation from the Promoter/ 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 \_\_\_\_\_\_\_\_ and hereby certify that:

i. M/S.\_\_\_\_ (Promoter) have completed \_\_\_\_\_\_\_\_% of the project titled \_\_\_\_\_\_ RERA Registration No.\_\_\_\_\_located at \_\_\_\_\_\_\_\_\_\_\_\_.

ii. Amount collected during the year for this project is Rs. \_\_\_\_\_\_\_\_\_\_\_ and amounts collected till date is Rs. \_\_\_\_\_\_\_\_\_\_.

iii. Amount withdrawn during the year for this project is Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_ and amount withdrawn till date is Rs. \_\_\_\_\_\_\_\_.

4. I/We certify that the [Name of Promoter] has utilized the amounts collected for\_\_\_ 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(If not, please specify the amount withdrawn in excess of eligible amount or any other exceptions)

Signature and Stamp/Seal of the Signatory CA)

Name of the Signatory:

Place: Full Address:

Date: Membership No.:

Contact No. :

E mail: