

## Appendix I

## FORM 5 [see Regulation 4]

**ON THE LETTER HEAD OF CHARTERED ACCOUNTANT (Other than the chartered accountant who has certified Form 3 under Regulation 3, or is the Statutory Auditor if the promoter is a company)**

**ANNUAL REPORT ON STATEMENT OF ACCOUNTS**

To [NAME & ADDRESS OF PROMOTER]

**SUBJECT:** Report on Statement of Accounts on project fund utilization and withdrawal by [Promoter] for the financial year ended on \_\_\_\_\_ with respect to Real Estate Regulatory Authority, Punjab Regn. Number \_\_\_\_\_.

1. This certificate is issued in accordance with the provisions of the Real Estate (Regulation and Development) Act, 2016 read along with the Punjab Real Estate (Regulation and Development) 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. I/We hereby confirm that I/We have examined the prescribed registers, books and documents, and the relevant records of [Promoter] for the **financial year** and hereby certify that:

i. (Promoter) has completed \_\_\_\_\_% of the project titled (Name) bearing Real Estate Regulatory Authority, Punjab Regn. No. \_\_\_\_\_ located at \_\_\_\_\_.

ii. Amount collected during the **financial year** for this project is Rs. \_\_\_\_\_ and cumulative amounts collected till the end of the financial year is Rs. \_\_\_\_\_.

iii. Amount withdrawn during the **financial year** for this project is Rs. \_\_\_\_\_ and cumulative amount withdrawn till the end of the financial year is Rs.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 (If not, please specify the amount withdrawn in excess of eligible amount or any other exceptions)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:

**UDIN:**