

**[TELANGANA REAL ESTATE REGULATORY AUTHORITY
(Real Estate (Regulation & Development) Rules, 2017)]**

FORM – 7

Annual Audit Report on Statement of Accounts

(On the letter head of chartered accountants who is statutory auditor of the promoter's company/firm)

Date:_____

RERA No. : _____
Project Name : _____
Promoter Name: _____

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 _____

Designated Bank Account Details

Name of the Account Holder:
Designated Account Number:
Bank Name:
IFSC Code:
Branch Name:

1. This Certificate is issued in accordance with the provisions of the Real Estate (Regulation and Development) Act, 2016 read with the Telangana Real Estate (Regulation and Development) Rules, 2017.

2. I/We have obtained all the 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 Amount withdrawn during the year for this project is Rs. _____ and amount withdrawn till date is Rs.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 (If not, please specify the amount withdrawn in excess of eligible amount or any other exceptions)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:

Membership No.:

Full Address:

Contact No. :

E mail:

Website Link:

Date:

Place:

