

Working Capital Requirement Certificate

Date: _____

To Whomsoever It May Concern,

This is to certify that based on the examination of the books of account, financial statements, projections, records and other relevant documents of **M/s** _____ (**the "Entity"**), having its Registered Office at _____, and according to the information and explanations provided by the management, the Working Capital Requirement of the Entity has been assessed as under:

A. WORKING CAPITAL REQUIREMENT (Projected / Estimated as on _____)

Particulars	Amount (INR)
Current Assets	
Inventories	_____
Trade Receivables	_____
Cash & Bank Balances	_____
Short-term Loans & Advances	_____
Other Current Assets	_____
Total Current Assets (A)	_____
Current Liabilities	
Trade Payables	_____
Short-term Borrowings	_____
Statutory Liabilities	_____
Other Current Liabilities	_____
Total Current Liabilities (B)	_____
Net Working Capital (A – B)	_____

B. WORKING CAPITAL GAP & FINANCING

Particulars	Amount (INR)
Total Current Assets	_____
Less: Current Liabilities (excluding bank borrowings, if applicable)	_____
Working Capital Gap	_____

Proposed Margin (if any)	_____
Working Capital Requirement / Bank Finance Required	_____

Notes:

1. The above assessment is based on the books of account, records, and/or projected financial information provided by the management.
2. In case of projections, the same are based on assumptions and estimates provided by the management, and actual results may vary.
3. I/We have relied upon the information and explanations provided and have not carried out an independent verification of completeness of data.
4. This certificate is issued at the specific request of the Entity for the purpose of _____ (e.g., bank finance/loan assessment) and should not be used for any other purpose without my/our prior written consent.

Place: _____

For _____

(Chartered Accountants)

(Firm Registration No.: _____)

Signature: _____

Name of Partner/Proprietor: _____

Membership No.: _____

UDIN: _____