

भारतीय रिज़र्व बैंक RESERVE BANK OF INDIA

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RBI/2014-15/645 DBOD.No.DEAF Cell.BC.105/30.01.002/2014-15

June 18, 2015

The Chairman and Managing Director / Chief Executive Officers All Scheduled Commercial Banks (including RRBs) and LABs / Urban Co-operative Banks / State Co-operative Banks / District Central Co-operative Banks

Dear Sir/Madam,

The Depositor Education and Awareness Fund Scheme, 2014 -Section 26A of Banking Regulation Act, 1949- Operational Guidelines

Please refer to instructions contained in paragraph 4 of the circular DBOD.No.DEAF Cell.BC.114/30.01.002/2013-14 dated May 27, 2014 regarding returns to be submitted to RBI in connection with the captioned Scheme.

2. Since there is a considerable overlap between Form I and Form II, it has been decided to club Form I and Form II together in a new form, "Form I & II" as annexed. The periodicity, the last date of submission and all other instructions contained in paragraphs 4 and 5 of the said circular dated May 27, 2014, as applicable to the existing Form II, will be applicable to the new "Form I & II".

Yours faithfully,

(Rajinder Kumar) Chief General Manager Encl: As above

बैंकिंग परिचालन और विकास विभाग, केन्द्रीय कार्यालय, केन्द्रीय कार्यालय भवन,वीं मंजिल12 , शहीद भगत सिंह मार्ग, फोर्ट, मुंबई-400 001 फोन: 022-2266 1602, फैक्स: 022-2270 5691, ईमेल-: cgmicdbodco@rbi.org.in, वेबसाइट: www.rbi.org.in

Form I & II

Monthly Return of unclaimed deposits/credits/ accounts/ in India which have not been operated upon/remaining unclaimed for 10 years or more as on the date of the return and transferred to the DEAF Account. (To be submitted to the Reserve Bank by 15th of the succeeding month)

Name of the	e bank	
Bank DEAF	Code allotted by RBI	
If remitted t	through sponsor bank	
Name of the	e Sponsor Bank	
Month	Year	

Date of Transfer to the Fund-

(Amount in Rupees)

	(Amount in Rupees)								
Sr.	Particulars	Interest bearing Deposits		Non-interest bearing Deposits		Other C		Total	
No						(Non- interest bearing)			
						(c)		(d) = (a) + (b) + (c)	
		Number	Amount	Number	Amount	Number	Amount	Number	Amo
		of		of		of		of	unt
		Accounts		Accounts		Accounts		Accounts	
1	Opening balance of								
	accounts transferred to								
	the Fund at the								
	beginning of the month.								
2	Accounts, if any,								
	inadvertently omitted in								
	the previous month and								
	transferred during this								
	month.								
3	Accounts transferred to								
	the Fund during this								
	month. (Other than								
	those reported at 2).								
4	Claims settled and								
	refund received from								
	the Fund during this								
	month (only the								
	principal amount to be								
	mentioned).								
5	Net amount transferred								
	to the Fund during the								
	month.								
	(2+3-4)								
6	Total amount with the								
	Fund at the end of the								
	(month)								
	20 (1+5)								

Signature:
Name:
Designation of Officer (With Stamp): Place:
Date:
Certificate. Details given above are true as per the records of the bank and verified by

Certificate- Details given above are true as per the records of the bank and verified by me and found to be correct.

Signature: Name of Concurrent Auditor (With Stamp): Address: