

भारतीय रिज़र्व बैंक RESERVE BANK Of INDIA

www.rbi.org.in

RBI/2014-15/645

DBR.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 <u>circular DBOD.No.DEAF</u> <u>Cell.BC.114/30.01.002/2013-14 dated May 27, 2014</u> 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

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 b	ank
Bank DEAF C	ode allotted by RBI
If remitted thr	ough sponsor bank
Name of the S	ponsor Bank
Month	_Year

Date of Transfer to the Fund-

(Amount in Rupees)

	(Amount in Rupees)								
Sr.	Particulars	Interest	bearing	Non-interest		Other Credits		Total	
No		Deposits		bearing Deposits		(Non- interest bearing)			
		(a)		(b)		(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 me

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