## 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 $15^{\text {th }}$ of the succeeding month)

Name of the bank $\qquad$

## Bank DEAF Code allotted by RBI

If remitted through sponsor bank
Name of the Sponsor Bank
Month $\qquad$ Year $\qquad$
Date of Transfer to the Fund-
(Amount in Rupees)

| Sr . <br> No | Particulars | Interest bearing Deposits (a) |  | Non-interest bearing Deposits (b) |  | Other Credits (Non- interest bearing) <br> (c) |  | $\begin{gathered} \text { Total } \\ (d)=(a)+(b)+(c) \end{gathered}$ |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | $\begin{aligned} & \text { Number } \\ & \text { of } \\ & \text { Accounts } \end{aligned}$ | Amount | Number of Accounts | Amount | $\begin{aligned} & \text { Number } \\ & \text { of } \\ & \text { Accounts } \end{aligned}$ | Amount | Number of Accounts | Amo unt |
| 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 and found to be correct.

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

