

Form I

| Monthly | Return of unclain | ned de | eposits/credits/ | accounts/i | n India | which | have not been | operated | upon/remaine | ed unclaimed fo | or 10 years o | or more a | ıs on the |
|-----------|--------------------|--------|------------------|------------|------------------|-------|---------------|------------|--------------|---------------------------|---------------|-----------|-----------|
| date of t | he return and trar | sferre | d to the DEA Fo | und Accoun | it. (To k | e sub | mitted online | to the Res | erve Bank of | India by 15 th | of the succ | ceeding | month) |

| Name of the Bank | В | Bank DEA Fund Code allotted by RBI | | · | | | | | |
|--|------|------------------------------------|--|---|--|--|--|--|--|
| If remitted through sponsor bank, Name of the Sponsor Bank | | | | | | | | | |
| Month | Year | | | | | | | | |

Date of Transfer to the Fund

(Amount in Rupees)

| Sr. No | | Interest bearing Deposits (a) | | Non-interest bearing Deposits (b) | | Other Credits (Non- interest bearing) | | Total (d)=(a)+(b)+(c) | |
|-----------|--|-------------------------------|--------|-----------------------------------|--------|--|--------|--------------------------|--------|
| | | | | | | | | | |
| | Particulars | Number of Accounts | Amount | Number of Accounts | Amount | Number of Accounts | Amount | Number of Accounts | Amount |
| 1 | Opening balance of accounts transferred to the Fund at the beginning | | | | | | | | |
| 2 | Adjustment in accounts, if any, wrongly reported in the past and rectified during this month (net of the correct and wrong figures). | | | | | | | | |
| 3 | Accounts transferred to the Fund during this month. (including accounts, if any, inadvertently omitted in the previous month and transferred during this | | | | | | | | |



| | | Interest bearing Deposits (a) | | Non-interest bearing Deposits (b) | | Other Credits (Non- interest bearing) | | Total (d)=(a)+(b)+(c) | |
|-----------|---|-------------------------------|--------|---|--------|--|--------|-----------------------|--------|
| Sr. No | | | | | | | | | |
| | Particulars | Number of Accounts | Amount | Number of Accounts | Amount | Number of Accounts | Amount | Number of Accounts | Amount |
| 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(month) 20(1+5) | | | | | | | | |

Signature: Name:

Designation of the Officer (With Stamp): Telephone Number:

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 Bank's Auditors (Internal /Concurrent) (with Stamp):