



**Depositor Education and Awareness (DEA) Fund - Rectification of Errors –
Deposits/Amounts Transfers and Claims Reimbursements**

In order to enhance the accuracy and integrity of operations related to the Depositor Education and Awareness (DEA) Fund, banks are advised to comply with the following guidelines:

1. To prevent errors, a bank shall implement a Maker-Checker process to verify all deposit and claim entries for processing the entries.
2. A bank shall ensure all entries related to DEA Fund are audited pre and post submission, signed by both authorised signatories and the bank's auditors (internal/concurrent).
3. A bank is required to have an appropriate internal operational procedure for the DEA Fund. This should specifically address error prevention mechanisms and rectification processes.
4. A bank shall submit its rectification requests in the prescribed forms, as under.
 - (i) [Form A](#): Deposit Related Rectification - Total deposit amount is correct but changes in accounts or amounts under Interest Bearing (IB)/Non-Interest Bearing (NIB)/Other Credits (OTH)
 - (ii) [Form B](#): Deposit Related Rectification - Total deposit amount is incorrect
 - (iii) [Form C](#): Claim Related Rectification
5. The applicable rectification form, duly signed by the two authorised officials and certified by the bank's auditors (internal/concurrent), must be submitted to RBI within a period of two weeks from identification of such discrepancy.
6. A bank is responsible for ensuring the accuracy of these requests.
7. A bank shall immediately report to the RBI of any errors, including:
 - (i) Specific reasons for the error.
 - (ii) Details of checks and controls implemented to prevent recurrence.
 - (iii) Assurance that such errors will not recur.



Form A

Deposit related rectification where total deposit amount is correct but changes in accounts or amounts under Interest Bearing (IB)/Non-Interest Bearing (NIB)/Other Credits (OTH)

Name of Bank:

DEA FUND Code:

A. Details of actual (account and amount) transferred (as per auto-generated Form-I):

	Interest bearing		Non-Interest bearing		Other credits		Total	
Date of Deposit	No. of Accounts	Amounts	No. of Accounts	Amounts	No. of Accounts	Amounts	No. of Accounts	Amounts

B. Details of Correct figures:

	Interest bearing		Non-Interest bearing		Other credits		Total	
Date of Deposit	No. of Accounts	Amounts	No. of Accounts	Amounts	No. of Accounts	Amounts	No. of Accounts	Amounts

Reason for Rectification:

Signature:

Name of the first Signatory:

Designation of Officer (With Stamp):

Signature:

Name of the Second Signatory:

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



Form B

Deposit related rectification where total deposit amount is incorrect**Name of Bank:****DEA FUND Code:**

A. Details of actual deposit (account and amount) transferred (as per auto-generated Form-I):

	Interest bearing		Non-Interest bearing		Other credits		Total	
Date of Deposit	No. of Accounts	Amounts	No. of Accounts	Amounts	No. of Accounts	Amounts	No. of Accounts	Amounts

B. Details of excess deposit (account and amount) claimed back by bank (Form-II):

	Interest bearing			Non-Interest bearing		Other credits		Total	
Date of Claim Paid	No. of Accounts	Principal Amount	Interest Paid	No. of Accounts	Amounts	No. of Accounts	Amounts	No. of Accounts	Amounts

Reason for Rectification:**Signature:****Name of the first Signatory:****Designation of Officer (With Stamp):****Signature:****Name of the Second Signatory:****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 Bank's Auditors (Internal/Concurrent) (With Stamp):**



Claim related rectification

Name of Bank:

DEA FUND Code:

A. Details of actual, correct and excess claim:

		Interest bearing			Non-Interest bearing		Other credits		Total	
	Date of claim paid	No. of Accounts	Principal Amount	Interest Paid	No. of Accounts	Amounts	No. of Accounts	Amounts	No. of Accounts	Amounts
Actual Claim										
Correct Claim										
Excess Claim										

B. Details of Excess Claim sent with regular deposit in current month:

		Interest bearing		Non-Interest bearing		Other credits		Total	
	Date of deposit	No. of Accounts	Amounts	No. of Accounts	Amounts	No. of Accounts	Amounts	No. of Accounts	Amounts
Regular deposit for current month									
Excess Claim returned back **									
Total Deposit									

**Note: The interest paid in excess claim (in A) should be clubbed with Excess claim returned back in Interest Bearing amount (in B)

Reason for Rectification:



Signature:
Name of the first Signatory:
Designation of Officer (With Stamp):

Place:
Date:

Signature:
Name of the Second Signatory:
Designation of Officer (With Stamp):

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):