

## भारतीय रिज़र्व बैंक RESERVE BANK Of INDIA

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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

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हिंदी आसान है, इसका प्रयोग बढ़ाइए

## 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<sup>th</sup> of the succeeding month)

Name of the bank \_\_\_\_\_

Bank DEAF 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	Particulars	Interest bearing Deposits <sup>(a)</sup>		Non-interest bearing Deposits (b)		Other Credits (Non- interest bearing) (C)		Total (d) = (a) + (b) + (c)	
		Number of Accounts	Amount	Number of Accounts	Amount	Number of Accounts	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)								

(Amount in Duncoo)

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: