# Form I

**Annex 3**

Monthly Return of unclaimed deposits/credits/ accounts/ in India which have not been operated upon/remained unclaimed for 10 years or more as on the date of the return and transferred to the DEA Fund Account. **(To be submitted online to the Reserve Bank of India by 15th of the succeeding month)**

Name of the Bank 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** | **Particulars** | **Interest bearing Deposits** | **Non-interest bearing Deposits** | **Other Credits (Non-interest bearing)** | **Total** |
| (a) | (b) | (c) | (d)=(a)+(b)+(c) |
| **Numb er****of Accou nts** | **Am ou nt** | **Numb er of Accou nts** | **Amou nt** | **Numbe r of Accou nts** | **Amoun t** | **Numb er of Accou nts** | **Amo unt** |
| 1 | Opening balance of accounts transferred to the Fund at the beginning of the month. |  |  |  |  |  |  |  |  |
| 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 month) |  |  |  |  |  |  |  |  |
| 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 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 Concurrent Auditor (With Stamp): Address: