

Form C
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):

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):