Form II

Monthly return claiming refund from the DEA Fund

1. Name of the Bank ----------------------------

2. Bank DEA Fund Code allotted by RBI ------------------------   **3. Current A/c maintained with RBI @** ----------------- -----------------

4. Details of claims made during the month _20

(Amount in Rupees)

Interest Bearing Deposits				Non-Interest Bearing Deposits		Other Credits		Grand Total	
No. of Accounts	Principal Amount	Interest Amount	Total Amount	No. of Accounts	Amount	No. of Accounts	Amount	No. of Accounts	Amount
(1)	(2)	(3)	(4=2+3)	(5)	(6)	(7)	(8)	(9=1+5+7)	(10=4+6+8)
Total	Total	Total	Total	Total	Total	Total	Total	Total	Total

@ Please mention the A/c Number of your Current A/c or the Current A/c of your sponsor bank, maintained with RBI, through which you would desire to receive the above refund claim.

Note-. No individual customer/depositor wise details should be furnished. In the case of any claim for refund of part amount by the depositor whose unclaimed amount/inoperative deposit had been transferred to the Fund, the bank shall claim the entire amount transferred to the Fund in respect of such depositor along with interest payable, if any, from the Fund.
Certified that the above claims have not earlier been made or received from the DEA Fund.

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

Address:

Place: **Date:**