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 circular DBOD.No.DEAF Cell.BC.114/30.01.002/2013-14 dated May 27, 2014 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
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 15th 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-

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Particulars</th>
<th>Interest bearing Deposits</th>
<th>Non-interest bearing Deposits</th>
<th>Other Credits (Non-interest bearing)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d) = (a) + (b) + (c)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of Accounts</td>
<td>Amount</td>
<td>Number of Accounts</td>
<td>Amount</td>
</tr>
<tr>
<td>1</td>
<td>Opening balance of accounts transferred to the Fund at the beginning of the month.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Accounts, if any, inadvertently omitted in the previous month and transferred during this month.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Accounts transferred to the Fund during this month. (Other than those reported at 2).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Claims settled and refund received from the Fund during this month (only the principal amount to be mentioned).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Net amount transferred to the Fund during the month. (2+3-4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Total amount with the Fund at the end of the ..........(month) 20.....(1+5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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: