



**Depositor Education and Awareness (DEA) Fund
Resolution/Decision/Authorisation for Authorised Signatories and Specimen
Signature***

Name of the Bank-----

DEA Fund Code -----

Resolution/Decision/Authorisation of Board/MD &CEO/ED/Committee of Executives (with date, signature and stamp)

Authorised Officials (Surname) (First Name) 1. 2.	
Designation 1. 2.	
Specimen Signature of first official 1)	Specimen Signature of first official 2)
Specimen Signature of second official 1)	Specimen Signature of second official 2)
Attested by CGM / ED / MD & CEO (Signature with Bank's Seal)	

*** A bank is required to submit details of all authorised signatories, rather than only those who have been newly added or replaced. A bank can have a maximum of 10 authorised signatories.**



Form I

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)	
		Number of Accounts	Amount	Number of Accounts	Amount	Number of Accounts	Amount	Number of Accounts	Amount
1	Opening balance of accounts transferred to the Fund at the beginning								
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								



Sr. No	Particulars	Interest bearing Deposits		Non-interest bearing Deposits		Other Credits (Non-interest bearing)		Total	
		(a)		(b)		(c)		(d)=(a)+(b)+(c)	
		Number of Accounts	Amount	Number of Accounts	Amount	Number of Accounts	Amount	Number of Accounts	Amount
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(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 Bank's Auditors (Internal /Concurrent) (with Stamp): _____



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:



Form III – Reconciliation Certificate

[On the Letter Head of Bank's Auditors]

To

Address of the bank audited

We, (Bank's Auditors [Internal/Concurrent] details) hereinafter referred to as "Bank's Auditors" have been requested by (bank's Name), having its Registered Office at the above-mentioned address, to issue the Reconciliation Certificate (RC) containing the details of returns filed with the Reserve Bank of India ("the Statement") for the half-year ended for the purpose of submission to Reserve Bank of India (RBI) in accordance with the Depositor Education and Awareness Fund Scheme, 2014 and the following circular of Reserve Bank of India —

- i. DoR.SOG (DEA Fund) No.37/30.01.002/2025-26 dated June 25, 2025

2. Auditor's Responsibility

Pursuant to the requirements of the Depositor Education and Awareness Fund Scheme, 2014, it is our responsibility to provide a reasonable assurance whether the returns filed by the bank with the RBI have been correctly compiled by the bank in accordance with the Depositor Education and Awareness Fund Scheme, 2014.

3. The following documents have been furnished by the bank:

- a. Copy of monthly returns in Form I and Form II filed with RBI
- b. Details of settlement made by the branches of the bank to customers
- c. Other books and records of the bank

4. We have performed the following procedures:

- (a) Verified Form I and Form II
- (b) Verified details received from the branches regarding settlement made to customers on sample basis
- (c) Checked the details regarding reconciliation of balances for the Half Year ended March/September..... , as under:

(Please certify either **c.i** or **c.ii** and strike out whichever is not applicable)

i. If the balances tally

We certify that balances of unclaimed deposits transferred by the bank to the DEA Fund under various heads as shown in the General Ledger of the bank, tally with the balances



maintained with the DEA Fund Cell as reflected in Form I generated from the DEA Fund module of RBI, as on 31-03-..... or 30-09-.....

ii. If the balances do not tally

We observe that while balance of unclaimed deposits as shown in the General Ledger of the bank as on 31-03-...../ 30-09-..... is Rs....., balance of unclaimed deposits as shown in the balances maintained with the DEA Fund Cell as reflected in Form I generated from the DEA Fund module of RBI, as on 31-03-..... / 30-09-..... is Rs

(d) Verified that the returns have been correctly compiled in accordance with the Depositor Education and Awareness Fund Scheme, 2014.

5. The balance of DEA Fund as it appears in the books of the bank as on 31-03-..... / 30-09-..... is as under

(Amount in crore)

Sr. No.	Particular	Current Half-Year 31-03-yyyy / 30-09- yyyy	Previous Year 31-03-yyyy / 30-09- yyyy
1 .	Opening balance of DEA Fund as on 01-04-yyyy / 01-10-yyyy		
2.	Add: Amounts transferred to DEA Fund during the half-year		
3.	Less: Amounts reimbursed by DEA Fund towards claims during the half-year		
4.	Closing balance of DEA Fund as on 31-03-yyyy / 30-09-yyyy (1+2-3)		

6. Based on the procedures performed by us as mentioned in paragraph 4 above, information and explanations given to us by the bank's management and to the best of our knowledge, we report that the **DEA Fund Returns/Certificates have been compiled correctly/have not been compiled correctly by the bank*** in accordance with Depositor Education and Awareness Fund Scheme, 2014.

7. This certificate is issued solely for the purpose of submission to RBI. This certificate should not be used by any other person or for any other purpose.



Signatures of Bank's Auditors (Internal /Concurrent) with registration number (FRN) & seal

Place:

Date:

UDIN / Internal Document Identification Number:

Details of Bank Officials (other than the authorised signatories for Form II):

	1 st Official	2 nd Official
Signature with bank's seal		
Name		
Designation		
Place		
Date		

*Strike out whichever is not applicable



Annual Certificate

[On the Letter Head of Statutory Auditors]

Address of the bank audited

We, (Statutory Auditor's Firm details) hereinafter referred to as "Statutory Central Auditors" have been requested by (bank's Name), having its registered office at the above mentioned address, to issue the Annual Certificate containing the details of returns filed with the Reserve Bank of India ("the Statement") for the financial year for the purpose of submission to Reserve Bank of India (RBI) in accordance with the Depositor Education and Awareness Fund Scheme, 2014 and the following circular of Reserve Bank of India —

- i. DoR.SOG (DEA Fund) No.37/30.01.002/2025-26 dated June 25, 2025

2. Auditor's Responsibility

Pursuant to the requirements of the Depositor Education and Awareness Fund Scheme, 2014, it is our responsibility to provide a reasonable assurance whether the returns filed by the bank with the RBI have been correctly compiled by the bank in accordance with the Depositor Education and Awareness Fund Scheme, 2014.

3. The following documents have been furnished by the bank:

Copy of monthly returns in Form I and Form II filed with RBI duly certified by the concurrent auditors of the bank

- a) Details of settlement made by the branches of the bank to customers
- b) Other books and records of the bank and
- c) Written representation

4. We have performed the following procedures:

- a) Verified Form I and Form II
- b) Verified details received from the branches regarding settlement made to customers on sample basis
- c) Verified that Half-yearly Reconciliation Certificates (Form III) have been submitted on time
- d) Verified that the returns have been correctly compiled in accordance with the Depositor Education and Awareness Fund Scheme, 2014.



5. The balance of DEA Fund as it appears in the books of the bank as on 31.03.yyyy is as under
(Amount in crore)

Sr. No.	Particular	Current Year 31.03.yyyy	Previous Year 31.03.yyyy
1 .	Opening balance of DEA Fund as on 01.04.yyyy		
2.	Add: Amounts transferred to DEA Fund during the year yyyy-yy		
3.	Less: Amounts reimbursed by DEA Fund towards claims during the year yyyy-yy		
4.	Closing balance of DEA Fund as on 31.03.yyyy (1+2-3)		

6. Based on the procedures performed by us as mentioned in paragraph 4 above, information and explanations given to us by the bank's management and to the best of our knowledge, we report that the DEA Fund Returns/Certificates have been compiled correctly/have not been compiled correctly by the bank* in accordance with Depositor Education and Awareness Fund Scheme, 2014.

7. This certificate is issued solely for the purpose of submission to RBI. This certificate should not be used by any other person or for any other purpose.

Signatures of Statutory Auditors with firm's registration number (FRN) & seal

Place:

Date:

UDIN:

*Strike out whichever is not applicable



Depositor Education and Awareness (DEA) Fund - Rectification of Errors – Deposits/Amounts Transfers and Claims Reimbursements

In order to enhance the accuracy and integrity of operations related to the Depositor Education and Awareness (DEA) Fund, banks are advised to comply with the following guidelines:

1. To prevent errors, a bank shall implement a Maker-Checker process to verify all deposit and claim entries for processing the entries.
2. A bank shall ensure all entries related to DEA Fund are audited pre and post submission, signed by both authorised signatories and the bank's auditors (internal/concurrent).
3. A bank is required to have an appropriate internal operational procedure for the DEA Fund. This should specifically address error prevention mechanisms and rectification processes.
4. A bank shall submit its rectification requests in the prescribed forms, as under.
 - (i) [Form A](#): Deposit Related Rectification - Total deposit amount is correct but changes in accounts or amounts under Interest Bearing (IB)/Non-Interest Bearing (NIB)/Other Credits (OTH)
 - (ii) [Form B](#): Deposit Related Rectification - Total deposit amount is incorrect
 - (iii) [Form C](#): Claim Related Rectification
5. The applicable rectification form, duly signed by the two authorised officials and certified by the bank's auditors (internal/concurrent), must be submitted to RBI within a period of two weeks from identification of such discrepancy.
6. A bank is responsible for ensuring the accuracy of these requests.
7. A bank shall immediately report to the RBI of any errors, including:
 - (i) Specific reasons for the error.
 - (ii) Details of checks and controls implemented to prevent recurrence.
 - (iii) Assurance that such errors will not recur.



Deposit related rectification where total deposit amount is correct but changes in accounts or amounts under Interest Bearing (IB)/Non-Interest Bearing (NIB)/Other Credits (OTH)

Name of Bank:

DEA FUND Code:

A. Details of actual (account and amount) transferred (as per auto-generated Form-I):

	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

B. Details of Correct figures:

	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

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):



Deposit related rectification where total deposit amount is incorrect

Name of Bank:

DEA FUND Code:

A. Details of actual deposit (account and amount) transferred (as per auto-generated Form-I):

Date of Deposit	Interest bearing		Non-Interest bearing		Other credits		Total	
	No. of Accounts	Amounts	No. of Accounts	Amounts	No. of Accounts	Amounts	No. of Accounts	Amounts

B. Details of excess deposit (account and amount) claimed back by bank (Form-II):

Date of Claim Paid	Interest bearing			Non-Interest bearing		Other credits		Total	
	No. of Accounts	Principal Amount	Interest Paid	No. of Accounts	Amounts	No. of Accounts	Amounts	No. of Accounts	Amounts

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):



Claim related rectification

Name of Bank:

DEA FUND Code:

A. Details of actual, correct and excess claim:

	Date of claim paid	Interest bearing			Non-Interest bearing		Other credits		Total	
		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:

	Date of deposit	Interest bearing		Non-Interest bearing		Other credits		Total	
		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):

Place:
Date:

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

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):



Annex VIII

Contact details for correspondence/ queries related to DEA Fund Scheme, 2014

Name of the Bank-----

Bank DEA Fund Code Number-----

Sr No	Particulars	Contact Officer	Alternate Officer
1	Name of the Contact Officer		
2	Designation		
3	Telephone No.		
4	Mobile No.		
5	Email Id		

The above details may be forwarded by e-mail to dea.fund@rbi.org.in

Name:

Signature:

Designation of Officer:

Name of the Bank:

Place:

Address:

Date:

(Stamp of the bank)



Annex IX

Interest Rates Payable on Interest Bearing Deposit

The interest payable on interest bearing deposits transferred to Depositor Education and Awareness (DEA) Fund shall be calculated by banks as per the interest rates specified in the table below:

Period	Interest Rate	Circular Ref.
Upto June 30, 2018	4 per cent per annum (simple interest)	DBOD.No.DEAFCell.BC.126/30.01.02/2013-14 dated June 26, 2014
July 1, 2018 up to May 10, 2021	3.5 per cent per annum (simple interest)	DBR.DEAFundCell.BCNo.110/30.01.002/2017-18 dated June 07, 2018
May 11, 2021 onwards	3 per cent per annum (simple interest)	DoR.DEA.REC.No.16/30.01.002/2021-22 dated May 11, 2021

The amount of interest payable in this behalf shall be calculated in the manner specified in paragraph 4 (ii) of the Scheme and by rounding off the amount of interest to the nearest rupee.