

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:

Name of the First Authorised Signatory:

Designation of Officer (With Stamp):

Place:

Date:

Signature:

Name of the Second Authorised 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):

Address:

Place:

Date:

Form A

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):

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 Correct figures:

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

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):

Form B
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):



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RESERVE BANK OF INDIA

Annex VI

Form C
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									
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**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):

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 Reserve Bank of India (Regional Rural Banks – Miscellaneous) Directions, 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 ₹....., 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 ₹

(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



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RESERVE BANK OF INDIA

Annex VIII

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 Reserve Bank of India (Regional Rural Banks – Miscellaneous) Directions, 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 duly certified by the concurrent auditors of the bank
- (b) Details of settlement made by the branches of the bank to customers
- (c) Other books and records of the bank and
- (d) 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

**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)

Format for Change in Name (Details to be submitted)

Sr. No.	Particulars	Information submitted by the Bank
1.	Name of the Bank & Address	
2.	Licence No. and Licence issue date	
3.	Area of Operation and No. of branches	
4.	Name and Address of the office of registrar under whose purview the bank is registered	
5.	Name the Co-operative Act under which the bank is registered as a society	
6.	Proposed name of the Bank	
7.	Reason for Change in Name of the bank (Please furnish supporting documents)	
8.	Whether there are any restrictions imposed on the bank by RBI (Yes/No) If yes, give details	
9.	Whether applied / carried change in name of the bank in the past: (Yes/No)	
	If yes :	
	i) Date of application to RBI	
	ii) Original Name of the bank	
	iii) Proposed name of the bank	
	iv) Reason for change	
	v) Date of CRCS/RCS Approval	
	vi) Change approved / rejected by RBI	
	vii) Date of RBI Approval / Rejection	
	viii) Reason for Rejection, give details	
10.	Whether change in name of the bank had been carried out without approval of RBI in the past: (Yes/No)	
11.	If Yes, reason for not applying for RBI Approval	
12.	If No, furnish details of RBI approval (Furnish copy)	
13.	Whether CRCS/RCS approval was taken in case of previous change in name and date of approval (Furnish copy)	

14.	Is there any requirement for 'confirmation' from Central/State Government, one or more authority/authorities for alteration of bye-laws under the applicable Co- operative Act /Rules? (Yes/No)	
15.	If yes: i) Give details of the requirement (Furnish copy)	
<u>16. Details to be submitted to Regional Office of the RBI at time of Regulatory approval</u>		
	i) Confirm whether RBI NOC for alteration of bye-laws has been granted u/s 49C of BR Act, 1949 (Yes/No)	
	ii) If Yes – Give details of bank's request and RBI NOC (Furnish copy)	
	iii) If No – Reason for not approaching RBI for grant of NOC u/s 49C of BR Act, 1949	
	iv) Details of CRCS/RCS approval (Furnish copy)	