Form II
Monthly return claiming refund from the DEA Fund
(Original hardcopy to be submitted by 15th of the succeeding month to which the claim pertains)

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 Authorized Signatory: **Name of the Second Authorized 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 Concurrent Auditor (With Stamp):
Address:
Place: **Date:**