

**Form -II (Branches to HO)**  
**(on the date of settlement of claim)**

**BRANCH: \_\_\_\_\_ CODE: \_\_\_\_\_**

**DEPOSITORS EDUCATION AND AWARENESS FUND**  
**(DEAF)**

**CONTROL FORM - CLAIMS SETTLED DURING THE MONTH OF \_\_\_\_\_**

Sl. No	Name of the Depositor	Type of A/c	Amount transferre d to DEAF with interest (Rs)	Date of transfer to DEAF A/c	Amount Paid to Deposit or along with interest (if any)	Date of crediting the claim amount	Accoun t No (to which the claim credited)	Rate of Interest paid on claim amount
1								
2								
3								
4								
	Total							

We certify that the above claim(s) has/have not been earlier paid.

We confirm that all the above amount(s) was/were paid by debit to Branch Suspense Account.

Accountant

Name:

Name: Date:

Branch Manager/Chief Manager

**CERTIFICATE OF CONCURRENT AUDITOR/ INTERNAL AUDIOTR**

We certify that the details furnished above are true as per the records of the Branch and verified by me and found correct.

Date:

Signature of the Concurrent Auditor/Internal Auditor  
(Name of the Auditor with Stamp)

**AT HEAD OFFICE:**

The Claim(s) settled by the Branch Manager was/were scrutinized and controlled.

Dy General Manager

Date: