

ALF Application Form- for applicants wishing to become Participants in the Bank of England's Alternative Liquidity Facility (ALF)

The Bank acts as agent for the Bank of England Alternative Liquidity Facility Limited (BEALF) in relation to the Alternative Liquidity Facility (ALF). Unless the context requires otherwise capitalised terms used in this application form have the meaning set out in the ALF Terms and Conditions.¹

Notes for applicants on the application process

1. Applicants should be aware that there are a number of defined steps required to become a participant in the ALF. Many of these steps involve action by the applicant. The application process will vary depending on your particular circumstances and operational readiness, so the time taken for each application to be completed will be different. Admission is at the sole discretion of the Bank, and any work undertaken or expense incurred is at the applicant's own risk and does not guarantee entry. The Bank will provide a key contact name in managing the application process, and encourages a regular dialogue throughout.
2. Eligibility and continued access to the ALF will be dependent upon a Participant acting, in the opinion of the Bank, in good faith and in a manner consistent with the objectives of the ALF. Access to the ALF is subject to the terms governing its use provided by the Bank (including, without limitation, the ALF Terms and Conditions and the ALF Operating Procedures).
3. The Bank will require all applicants to demonstrate their eligibility for the ALF by providing evidence that they face formal restrictions from engaging in interest-bearing activity, which prevents them from participating in the Sterling Monetary Framework. This evidence may constitute, but is not limited to, the applicant's articles of association or other constitutional documents.
4. Institutions that are not required under the Bank of England Act 1998 to make a Levy payment to the Bank – i.e. are not 'Levy payers' - will be required to pay an annual fee every twelve months as a condition of their participation in the ALF, as set out in the ALF Operating Procedures.
5. The Bank reserves the right to take steps to verify any information that has been supplied with this application form.

Please provide the following information together with this Application Form:

- a **group structure chart** of the applicant's group including all main holding companies and subsidiaries of the firm company, and fellow subsidiaries;
- an **organisation chart**, including individual names and job titles, which shows all lines of reporting applicable to the relevant sections of the applicant;
- a copy of the **latest annual report and accounts** of the applicant and of its holding company/group and of any company which does, or will, guarantee the obligations of the applicant. (It is acceptable to refer to the location of such information on a website); and,
- **Articles of Association** or **equivalent proof** that the applicant does not engage in interest bearing activity.

¹ <https://www.bankofengland.co.uk/-/media/boe/files/markets/alternative-liquidity-facility/terms-and-conditions.pdf>

Instructions for completing this form

Please complete this application form and send a scan of a signed copy to:
applications@bankofengland.co.uk

The Declaration and Application sign off must be completed and signed by (an) authorised signatory(ies) for the applicant.

Overview of the Application Form

Section 1:	General questions
Section 2:	Front Office Contact Details
Section 3:	Contingency Site Details (If Applicable)
Section 4:	Notice Details
Section 5:	Authorised Signatory Evidence Form
Section 6:	Front Office Contact Form Number
Section 7:	Declaration and Application Sign Off



BANK OF ENGLAND

Section 1: General questions

1. Name of applicant (please give the applicant's name as it appears on its certificate of incorporation or equivalent document, along with any business/trading name).

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2. Name, job title, telephone number, postal address and email address of senior manager(s) responsible for the applicant's relationship with the Bank (acting as Agent for BEALF) with regard to the ALF.

Name:

Job Title:

Telephone Number:

Postal Address:

Postcode:

Email Address:

3. Name, job title, telephone number, postal address and email address of individual(s) completing the form.

Name:

Job Title:

Telephone Number:

Postal Address:

Postcode:

Email Address:

4. Address of applicant (for the purpose of correspondence on this Application Form) and address of head office where different.

Address of the applicant:

Address of head office where different:

5. Legal Entity Identifier of the applicant (if available):
6. Is the applicant currently a member of SWIFT?
- ☐ Yes ☐ No
7. Access to CHAPS is a pre-requisite for access to the ALF. Does the applicant have access to CHAPS?
- ☐ Yes ☐ No
8. If the applicant has indirect access to CHAPS, what is the name of the applicant's settlement bank?
9. Please confirm that the applicant is restricted from engaging in interest-bearing activity:
- ☐ Yes
10. Please confirm that no other entity within the applicant's group has access to the ALF (if applicable):
- ☐ Yes
11. Please confirm that the applicant is incorporated in the UK:
- ☐ Yes
12. Please confirm that the applicant is authorised for the purposes of the Financial Services and Markets Act 2000:
- ☐ Yes
13. What is the applicant's PRA firm reference number?
14. Please list the name, telephone number and e-mail address of the individuals at the PRA and FCA responsible for supervision of the applicant.

Name:

Phone Number:

Email Address:

Name:

Phone Number:

Email Address:

Name:

Phone Number:

Email Address:

Name:

Phone Number:

Email Address:

15. Has the application been discussed with the relevant supervisory authority?

☐ Yes ☐ No

16. Does the applicant have a corporate resolution authorising the applicant to enter into the ALF Terms and Conditions?

☐ Yes ☐ No

17. Is there any other authority authorising the applicant to enter into the ALF Terms and Conditions?

☐ Yes ☐ No

18. Have any of the events of default set out in Clause 16 of the Terms & Conditions occurred in relation to the company?

☐ Yes ☐ No

19. If Yes, please provide details:

20. What arrangement would the applicant have to ensure that the clause in the Terms and Conditions, which requires participants to immediately notify the Bank if an Event of Default or a Potential Event of Default occurs, is complied with?

21. What arrangement will the applicant have in place to ensure that it complies with the confidentiality requirements in the Terms and Conditions?

22. How will participation in the ALF fit into the applicant's liquidity management and overall business plan?

23. What business continuity arrangements would the applicant use for its operations with the Bank?
Please list details of any contingency site in Section 3 of this application form

Section 2: Front Office Contact Details

Company Name:

Company Postal Address:

Postcode:

Please provide contact details for the Front Office staff with whom participation in the ALF may be discussed:

Senior Relationship Manager Contact:

Name:

Position:

Telephone Number:

Email Address:

Alternate Relationship Manager Contact:

Name:

Position:

Telephone Number:

Email Address:

Technical Contact (for the purpose of sharing important technical or system notices):

Name:

Position:

Telephone Number:

Email Address:

Section 3: Contingency Site Details

Postal Address:

Postcode:

Telephone Number(s):

Section 4: Notice Details

For the purposes of the Notices Clause (Clause 8 of the Terms & Conditions) for the ALF, the Participant's notice details are as follows;

Postal Address:

Postcode:

For the attention of:

Email Address:

BANK OF ENGLAND AUTHORISED SIGNATORY EVIDENCE FORM

This form must be completed on behalf of your organisation if you wish to participate in any Bank of England (the Bank) or Bank of England Asset Purchase Facility Fund Limited (BEAPFF) or Bank of England Alternative Liquidity Facility Limited (BEALF) any other Bank subsidiary's market operations, facilities or schemes (the Facilities). To ensure our records are kept up to date, the Bank (acting for itself or as Agent for BEAPFF or BEALF or any other Bank subsidiary) may require that this form is updated by you from time to time.

NAME OF PARTICIPANT

EFFECTIVE AS FROM

Name of Authorised Signatory	Specimen Signature (scanned version acceptable)	E-mail Address

[I] [We]² hereby certify:

- (i) that the signatures contained on this form are authentic and are true copies of those named;
- (ii) [that any person listed above acting singly is] [that any []³ persons listed above acting jointly are]⁴ duly authorised to sign any and all documentation (as required) for and on behalf of the Participant in connection with the Facilities, and that the persons listed above have full authority to bind the Participant in accordance with the Participant's internal corporate governance or board approvals;
- (iii) that [I am an authorised signatory] [we are authorised signatories]⁵ on behalf of the Participant and have the relevant authority (delegated or otherwise) to complete this form for and on behalf of the Participant.

Signed

[Signed

Name

Name

Title

Title

Authorised Signatory for and on behalf of the Participant

Authorised Signatory for and on behalf of the Participant]⁶

² Please delete/remove brackets as appropriate

³ Insert number of persons who should jointly sign documentation if relevant

⁴ Please delete/remove brackets as appropriate

⁵ Please delete/remove brackets as appropriate

⁶ Please delete/remove brackets as appropriate

FRONT OFFICE CONTACT NUMBER FORM

This form must be completed on the behalf of your organisation if you wish to participate in the Alternative Liquidity Facility (ALF). To ensure our records are kept up to date, the Bank may require that this form is updated by you from time to time.

NAME OF PARTICIPANT

EFFECTIVE AS FROM

Telephone number (landline only)

I (or We) hereby certify that:

- (i) the telephone number(s) above may be used to authenticate instructions given on behalf of the Participant, in relation to the ALF;
- (ii) the telephone number(s) above will be answered during working hours rather than reverting to voicemail;
- (iii) I (or we) are authorised signatories on behalf of the Participant and have the relevant authority (delegated or otherwise) to complete this form for and on behalf of the Participant⁷.

Signed

Signed

Name

Name

Title

Title

**Authorised Signatory for and on
behalf of the Participant**

**Authorised Signatory for and on
behalf of the Participant**

⁷ Please provide evidence to support the authority of the Authorised Signatories signing this form on behalf of the participant, together with specimen signatures duly certified as authentic and true. Guidance on the evidence required to support the Authorised Signatory Evidence Form is available on the Bank of England website.

Section 7: Declaration and Application Sign Off

By filling out and returning this form to the Bank, the applicant:

- (i) applies to become a Participant in the Alternative Liquidity Facility; and
- (ii) represents and warrants to the Bank and BEALF that the information provided in this Application Form is true, accurate, and complete to the best of its knowledge (having made reasonable enquiries).

Signed
For and on behalf of applicant

Name

Title

Date