Application Form-

for firms wishing to become a Counterparty in the
Covid Corporate Financing Facility (CCFF)

The Covid Corporate Financing Facility is designed to provide funding to businesses by purchasing commercial paper of up to one-year maturity, issued by firms making a material contribution to the UK economy. It will help businesses across a range of sectors to pay wages and suppliers even while experiencing severe disruption to cashflows.

**This application form is for market dealers wishing to participate in the CCFF.**

To apply to participate in the CCFF as a dealer, please complete this Application Form and send a scan of a signed copy to CCFF-Applications@bankofengland.co.uk.

The Bank reserves the right to make checks to verify any information that has been supplied with this application form.

**Instructions for completing this form**

Applicants are required to submit an authorised signatory evidence form as part of this Application Form. When submitting an authorised signatory evidence form, applicants must also submit supporting evidence for the authorised signatory evidence form, such as specimen signatures. Guidance on the supporting evidence required can be found on the Bank’s website[[1]](#footnote-1).

Applicants will also be required to sign an Admission Letter before being admitted as a Counterparty in the CCFF, which must be duly signed on behalf of the applicant.

**Overview of the Form**

Section 1: General questions

Section 2: Front Office Contact Details

Section 3: Front Office Contact Number Form

Section 4: Authorised Signatory Evidence Form

Section 5: Operations Contact and Standard Settlement Instructions Form

Section 6: Declaration and Application Sign Off

**Section 1: General questions**

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

………………………………………………………………………

1. Name, job title, telephone number, postal address and email address of senior manager(s) responsible for the firm’s relationship with the Bank with regard to the CCFF.

|  |  |
| --- | --- |
|  |  |
| Name: ………………………………………….. |  |
| Job Title: …………………………………………. |  |
| Telephone Number: ……………………………….. |  |
| Postal Address:  |  |
| Postcode: ………………………………………. |  |
| Email Address: …………………………………………………………… |  |

1. 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: ……………………………………………………………. |

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

|  |  |
| --- | --- |
| Address of the firm: |  |
| Address of head office where different: |  |

1. Country or territory of incorporation of the firm.

……………………………………………

1. Do you have a direct telephone line set up between the Bank and your Front Office?

Yes □ No □

1. If no, please complete the Front Office Contact form in Section 3.

**Section 2: Front Office Contact Details**

|  |  |
| --- | --- |
| Company Name: …………………………………………… |  |
| Company Postal Address: |  |
| Postcode: …………………………………………… |  |

|  |
| --- |
| Please provide contact details of Front Office staff with whom participation in the CCFF 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

**FRONT OFFICE CONTACT NUMBER FORM**

**This form must be completed on the behalf of your organisation if you wish to participate in the Covid Corporate Finance Facility (CCFF), but do not have a designated direct line to the Bank’s sterling dealing desk. 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 COUNTERPARTY ………………………………………….................................**

**EFFECTIVE AS FROM ...........................................................................................**

|  |  |
| --- | --- |
| **Telephone number (landline only)** | **Facilities this number may be used for** |
|  | **Covid Corporate Finance Facility** |

 I (or We) hereby certify that:

1. the telephone number(s) above may be used to authenticate instructions given on behalf of the Counterparty, in relation to the facilities specified;
2. the telephone number(s) above will be answered during working hours rather than reverting to voicemail;
3. I (or we) are authorised signatories on behalf of the Counterparty and have the relevant authority (delegated or otherwise) to complete this form for and on behalf of the Counterparty.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signed | ................................................. |  | Signed | ................................................. |
| Name | ................................................. |  | Name | ................................................. |
| Title | ................................................. |  | Title | ................................................. |
| **Authorised Signatory for and on behalf of the Counterparty** |  | **Authorised Signatory for and on behalf of the Counterparty** |

## Section 4

## 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), Bank of England Asset Purchase Facility Fund Limited (BEAPFF), Covid Corporate Financing Facility Limited (CCFFL) or 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, CCFFL 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]](#footnote-2) hereby certify:

1. that the signatures contained on this form are authentic and are true copies of those named;
2. [that any person listed above acting singly is] [that any [ ][[3]](#footnote-3) persons listed above acting jointly are ][[4]](#footnote-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;
3. that [I am an authorised signatory] [we are authorised signatories][[5]](#footnote-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****Section 5** |  | **Authorised Signatory for and on behalf of the Participant**][[6]](#footnote-6) |

**OPERATIONS CONTACT AND STANDARD SETTLEMENT INSTRUCTIONS FORM**

**Operation contact information**

Name of primary operations contact:

Telephone number:

E-mail Address:

Signature:

Name of Operations Manager:

Telephone number:

Email Address:

Signature:

Email address for trade confirmations to be sent:

**Settlement information**

Your final beneficiary name:

Your final beneficiary SWIFT BIC:

**Euroclear/Clearstream**

Euroclear or Clearstream A/C no:

Alternative Euroclear or Clearstream A/C no:

2nd Alternative Euroclear or Clearstream A/C no:

Name of principal Euroclear/Clearstream settlement contact:

Telephone no:

Email address:

Name of alternative Euroclear/Clearstream settlement contact:

Telephone no:

Email address:

**If an agent will be used for Euroclear/Clearstream trade settlement (To be completed by those that do not have access to Euroclear/Clearstream):-**

Name of settlement agent entity:

Euroclear/Clearstream settlement agent SWIFT BIC:

Name of primary contact at settlement agent:

Telephone no:

Email address:

Name of alternative contact at settlement agent:

Telephone no:

Email address:

**MST team details**

**Settlements**

Settlement Queries: BPIMSTSettlement@bankofengland.co.uk

**Settlement/confirmation telephone numbers**

+44 (0)203 461 5430

+44 (0)203 461 5590

+44 (0)203 461 3796

+44 (0)203 461 3346

+44 (0)203 461 3712

+44 (0)203 461 5514

+44 (0)203 461 5852

+44 (0)203 461 5294

**First point of escalation**

+44 (0)203 461 5480

+44 (0)203 461 3843

**Second point of escalation**

+44 (0)203 461 4057**Section 6: Application Sign Off**

…..............................................

**For and on behalf of applicant**

**Name** ................................................

**Title** ..................................................

**Date** …………………………………..

Bank of England

March 2020

1. <https://www.bankofengland.co.uk/markets/bank-of-england-market-operations-guide/information-for-participants> [↑](#footnote-ref-1)
2. Please delete/remove brackets as appropriate [↑](#footnote-ref-2)
3. Insert number of persons who should jointly sign documentation if relevant [↑](#footnote-ref-3)
4. Please delete/remove brackets as appropriate [↑](#footnote-ref-4)
5. Please delete/remove brackets as appropriate [↑](#footnote-ref-5)
6. Please delete/remove brackets as appropriate [↑](#footnote-ref-6)