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Application to Become Counterparties in Bank of England's Commercial Paper Facility, Secured Commercial Paper Facility

Bank of England/Central Bank of the United Kingdom

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COMMERCIAL PAPER FACILITY AND SECURED COMMERCIAL PAPER
FACILITY



**APPLICATION FORM AND QUESTIONNAIRE FOR
APPLICANTS WISHING TO BECOME
COUNTERPARTIES IN THE BANK OF ENGLAND'S
COMMERCIAL PAPER FACILITY AND THE BANK OF
ENGLAND'S SECURED COMMERCIAL PAPER
FACILITY**

NOTE COUNTERPARTIES IN THE BANK OF ENGLAND'S COMMERCIAL PAPER FACILITY ARE AUTOMATICALLY DEEMED TO BE ELIGIBLE COUNTERPARTIES IN THE SECURED COMMERCIAL PAPER FACILITY AND DO NOT NEED TO FILL OUT THIS FORM

The Commercial Paper Facility and the Secured Commercial Paper Facility are part of the Bank of England's Asset Purchase Facility.

Please complete this application form and send a scan of a signed copy, along with the appendices and the information requested in Question 16, to apf_applications@bankofengland.co.uk

Applicants who have previously applied to become counterparties in other elements of the Asset Purchase Facility may refer back to material provided in their previous application. However the Declaration and Application Form sign off, must be completed and signed by (an) authorised signatory(ies) for each application.

The Bank of England reserves the right to make reasonable checks to verify any information that has been supplied with this application form. If any counterparty abuses, or seeks to abuse, the facility(ies), the Bank retains the discretion immediately to exclude the counterparty from the facility(ies) and take up the issue with the Senior Management of the organisation.

- 1 Name of applicant (corporate and any business name).
- 2 Name, job title, phone number, and email address of senior manager responsible for the applicant's relationship with the Bank of England with regard to the Commercial Paper Facility and the Secured Commercial Paper Facility.
- 3 Name(s), job title(s), phone number(s), and email address of individual(s) completing the form.
- 4 Address of applicant (for the purpose of correspondence on this application) and address of head office where different.
- 5 Country or territory of incorporation of the applicant.
- 6 Office(s) / branch(es) of the applicant (including address(es)) which will enter into transactions under the Commercial Paper Facility and the Secured Commercial Paper Facility.
- 7 Which office of the applicant (if any) would be responsible for the settlement of Commercial Paper and Secured Commercial Paper transactions?

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8 If another company in the group, or a third party, would be responsible for the settlement of Commercial Paper or Secured Commercial Paper transactions, please give details.

9 Are any other group companies participating, or seeking to participate, as a counterparty in the Commercial Paper Facility or the Secured Commercial Paper Facility? ('Group' has the same meaning as in section 421 of the Financial Services and Markets Act 2000.)

Yes No

If yes, please give details.

10 Please confirm that the applicant is authorised for the purposes of the Financial Services and Markets Act 2000. (This is a precondition of participation).

Yes

11 What permissions does it have? (A website link is an acceptable response to this question.)

12 What is the applicant's FSA firm reference number?

13 If the applicant is incorporated elsewhere in the European Economic Area, does it operate in the United Kingdom under the EEA passport arrangements?

Yes No

If yes, please give details.

14 If applicable, please list the name and contact details of the individual at the FSA responsible for supervision of the applicant, along with (where applicable) the name and contact details at the relevant supervisory authority in the applicant's country of incorporation, responsible for supervision of the applicant.

15 Does the applicant believe it has the operational capacity safely and efficiently to conduct Commercial Paper Facility and Secured Commercial Paper Facility transactions and to access the Asset Purchase Facility in accordance with the terms of the Asset Purchase Facility Documentation, including the Settlement Procedures?

Yes No

If no, please give details.

16 Please provide a list of authorised signatories for the applicant. This should set out clearly the delegated authorities attaching to each signatory, along with clear evidence that the authorities granted were themselves assigned under proper authority (a Board Resolution or similar).

17 Please complete Appendices I and II of this application form.

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DECLARATION AND APPLICATION FORM SIGN OFF

By filling out this application form, the applicant:

- (i) applies to become a counterparty in the Bank of England's Commercial Paper Facility and the Bank of England's Secured Commercial Paper Facility;
- (ii) represents and warrants that the information given in this application form, including Appendices I and II, is true, accurate and complete to the best of its knowledge;
- (iii) agrees that it will upon receipt of the Admission Letter from the Bank become subject to the documentation published by the Bank in respect of the Asset Purchase Facility, including the Terms and Conditions, the Market Notice, the Settlement Procedures, the Admission Letter and any other documentation or procedures issued by the Bank in connection with the Asset Purchase Facility, each as supplemented and amended from time to time (together with the application form, the *Documentation*); and
- (iv) confirms that it is duly authorised and has the capacity to enter into the Documentation and to give the representations, warranties and undertakings contained therein.

Signature (of
authorised
signatory):

Name:

Position:

Date:

[Where a second authorised signatory is required to sign on behalf of the applicant:]

Signature (of
authorised
signatory):

Name:

Position:

Date:

This application form must be signed by (an) authorised signatory(ies) with appropriate delegated authorities as detailed in the list of signatories provided in respect of Question 16 of the application form.

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**COMMERCIAL PAPER FACILITY AND SECURED COMMERCIAL PAPER
FACILITY APPLICATION FORM
APPENDIX I: FRONT OFFICE CONTACTS**

Company Name:

**Company
Address:**

Postcode:

**PRINCIPAL FRONT OFFICE SENIOR MANAGER WITH OVERALL
RESPONSIBILITY AND AUTHORISED TO SUBMIT OFFERS**

Name

Position:

Telephone
Number:

Fax Number:

E-Mail Address:

Signature

FRONT OFFICE STAFF AUTHORISED TO SUBMIT OFFERS

Name

Position:

Telephone
Number:

Fax Number:

E-Mail Address:

Signature

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FACILITY

Name

Position:

Telephone

Number:

Fax Number:

E-Mail Address:

Signature

Name:

Position

Telephone

Number:

Fax Number:

E-Mail Address:

Signature

Name:

Position

Telephone

Number:

Fax Number:

E-Mail Address:

Signature

COMMERCIAL PAPER FACILITY AND SECURED COMMERCIAL PAPER
FACILITY

Name:

Position

Telephone
Number:

Fax Number:

E-Mail Address:

Signature

Name:

Position

Telephone
Number:

Fax Number:

E-Mail Address:

Signature

Name:

Position

Telephone
Number:

Fax Number:

E-Mail Address:

Signature

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**COMMERCIAL PAPER FACILITY AND SECURED COMMERCIAL PAPER
FACILITY APPLICATION FORM
APPENDIX II: SETTLEMENT INFORMATION AND CONTACTS**

Name of primary
Operations
contact:

Telephone
Number:

Fax Number:

E-Mail Address:

Signature

Name of
Operations
Manager:

Telephone
Number:

Fax Number:

E-Mail Address:

Signature:

Email address for
trade confirmations
to be sent:

SWIFT

Your final
beneficiary Name:

Your final
beneficiary
SWIFT BIC:

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CREST

CREST ID

Alternate CREST
ID(s) (if applicable):

Name of principal
CREST settlement
contact:

Telephone Number:

Fax Number:

E-Mail Address:

Name of alternate
CREST settlement
contact:

Telephone Number:

Fax Number:

E-Mail Address:

IF AN AGENT WILL BE USED FOR CREST TRADE SETTLEMENT:

Name of entity used as
a CREST Settlement
Agent:

CREST Settlement
Agent SWIFT BIC:

Name of principal
contact at Settlement
Agent:

Telephone Number:

Fax Number:

E-Mail Address:

Name of alternate
contact at Settlement
Agent:

Telephone Number:

Fax Number:

E-Mail Address:

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EUROCLEAR/CLEARSTREAM

Euroclear (or
Clearstream
equivalent) A/C No:

Alternate Euroclear (or
Clearstream
equivalent) A/C no

2nd Alternate Euroclear
(or Clearstream
equivalent) A/C no

Name of principal
Euroclear/Clearstream
settlement contact:

Telephone Number:

Fax Number:

E-Mail Address:

Name of alternate
Euroclear/Clearstream
settlement contact:

Telephone Number:

Fax Number:

E-Mail Address:

IF AN AGENT WILL BE USED FOR EUROCLEAR TRADE SETTLEMENT:

Name of Settlement
Agent Entity:

Euroclear Settlement
Agent SWIFT BIC:

Name of primary
contact at Settlement
Agent:

Telephone Number:

Fax Number:

E-Mail Address:

Name of alternate
contact at Settlement
Agent:

Telephone Number:

Fax Number:

E-Mail Address: