

Bank of England

Contingent Non-Bank Financial Institution Repo Facility (CNRF)

Application Form

For applicants wishing to become Participants in the Bank of England’s CNRF

- Notes for applicants on the application process..... 2
- Instructions for completing the Application Form..... 6
- Section 1: Applicant Information 7
- Section 2: Regulation 11
 - Subsection 2A: UK..... 11
 - Subsection 2B: Non-UK LDI funds 13
 - Subsection 2C: Non-UK insurance companies and pension schemes 14
- Section 3: Eligibility and Financial Data Collection..... 15
- Section 4: Operational and Technical Set-up 16
- Section 5: Settlement Arrangements and Business Continuity..... 17
- Section 6: Representative Information..... 18
- Section 7: Bank of England Authorised Signatory Form..... 19
 - Subsection 7A: Bank of England Authorised Signatory Form - Participant 19
 - Subsection 7B: Bank of England Authorised Signatory Form - Representative 21
- Section 8: Front Office Contact Number Form 23
- Section 9: Declaration and Application Form Sign-Off 24

Notes for applicants on the application process

1. Applicants should be aware that there are a number of defined steps required to meet the Bank of England's (the **Bank's**) Eligibility Criteria to become a Participant in the Contingent Non-Bank Financial Institution Repo Facility (**CNRF**). Many of these steps involve action by the applicant or its proposed representative. The application process will vary depending on an applicant's particular circumstances, operational readiness and the outcome of the Bank's risk assessment. Therefore, the time taken, and the scope of information required, to assess each application may differ amongst applicants. 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 admission. The Bank will provide a key contact name in managing the application process and encourages a regular dialogue throughout.
2. The CNRF is available to eligible insurance companies, pension schemes and liability-driven investment (LDI) funds, as set out in the terms and conditions relating to it as published by the Bank from time to time on the [CNRF webpage](#) (as amended and/or supplemented from time to time including, without limitation, by any applicable Annex and any relevant Market Notice) (the CNRF Terms and Conditions¹).
3. Terms defined in the CNRF Terms and Conditions have the same meaning where used in this application form, unless defined herein or as the context otherwise requires.
4. Eligible applicants will be able to participate in the CNRF on their own behalf (as a Participant) or through another party who is appointed as its Representative and who will act on its behalf in relation to the CNRF. In each case, the Participant and (where applicable) Representative must satisfy the eligibility criteria (as set out in the CNRF Terms and Conditions) applicable to them. An LDI fund may choose to appoint its existing Fund Manager or a different entity as Representative.
5. Where an applicant wishes to participate in the CNRF through a Representative, the Bank will require the applicant and (where applicable) its Fund Manager and the proposed Representative to enter into an appointment letter in the relevant form provided by the Bank on its website (a **Representative Appointment Letter**²). This is intended to provide the Bank with legal certainty that the Representative has clear and express authority to transact with the Bank on behalf of the Participant with respect to the CNRF, without the Bank having to conduct extensive legal due diligence on the

¹ Available here: [CNRF Terms and Conditions](#)

² Available here: [Bank of England | CNRF](#)

applicant's existing contractual arrangements. A non-exhaustive list of the roles and responsibilities of a Representative is set out in the Schedule to the Representative Appointment Letter.

6. Where the applicant intends to appoint a Representative, that proposed representative entity may liaise with the Bank in relation to the application process on the applicant's behalf. As part of the application process, a proposed Representative would also be required to complete test trades (involving the overnight transfer of nominal sums and related collateral of the applicant between the Bank and the proposed Representative). A proposed Representative will also need to provide static data and standard settlement instructions in the Collateral Management and Custody Client Data Collection Document³ (the SSIs), when requested by the Bank during a later stage of the application process. Where a proposed Representative intends to delegate any back-office functions, the SSIs provided to the Bank should include details of any third party delegates. The applicant will therefore be required to confirm (at Section 9 of this Application Form) that the proposed Representative has the authority to complete these actions on its behalf prior to the applicant's admission to the CNRF.
7. The Bank may require a guarantee in support of the applicant's obligations to the Bank, from such persons as may be specified by the Bank. Such a guarantee must conform with the *pro forma* guarantee⁴ published by the Bank on its website. Where a guarantee is requested, the Bank may also seek a legal opinion in respect of the guarantee which must conform with the *pro forma* legal opinion⁵ on the guarantee published by the Bank on its website.
8. An applicant must supply to the Bank on request, and in a form and substance satisfactory to the Bank, one or more legal opinions confirming in relation to the applicant as Participant and (where applicable) its proposed Representative such matters as the Bank may require including that it has the capacity to enter into the CNRF documentation and that the CNRF Terms and Conditions constitute valid, enforceable and legally binding obligations. The legal opinions must conform with the *pro formas* published on the Bank's CNRF webpage⁶.
9. The Bank strongly encourages applicants to adhere to the UK Money Markets Code and any other guidelines, such as the FX Global Code, which are relevant to the applicant's activities.

³ Available here: [SSIs Data Collection Form](#)

⁴ Available here: [Pro forma Guarantee](#)

⁵ Available here: [Pro forma legal opinion for Guarantor \(English Law\)](#) and [Pro forma legal opinion for Guarantor \(non-English law\)](#)

⁶ Available here: [Bank of England | CNRF](#)

10. Applicants and proposed Representatives (where applicable) must supply a completed Bank of England CNRF Know Your Customer Questionnaire⁷ and the CNRF Financial Data Form⁸ and CNRF Financial Data Certificate⁹, alongside their completed Application Form. Applicants will also be requested to submit the SSIs¹⁰ during a later stage of the application process. Participants will also be required to provide an updated CNRF Financial Data Form and to resubmit the CNRF Financial Data Certificate on an annual basis. Further details are set out in the CNRF Operating Procedures¹¹.
11. When submitting an authorised signatory evidence form (at Section 7 of this Application Form), applicants and Representatives (where applicable) must also submit supporting evidence for the authorised signatory evidence form, such as authority evidence for signatories and specimen signature evidence. Guidance on the supporting evidence required can be found on the Bank's website¹².
12. Once admitted, Participants will be required to pay an annual access fee, as a condition of their participation in the CNRF, as set out in the CNRF Operating Procedures (Section 2).
13. Please ensure full and comprehensive answers are provided in response to each question. The Bank reserves the right to make checks to verify any information that has been supplied. The Bank may also require information additional to that set out in this application form, to be provided by the applicant, proposed Representative and any guarantor, and may request information relating to the applicant's or a proposed Representative's eligibility, to be provided by a relevant regulatory authority or supervisory body or similar.
14. Once completed, please submit this Application Form and all other required documentation together electronically via e-mail to the Bank at [**CNRFapplications@bankofengland.co.uk**](mailto:CNRFapplications@bankofengland.co.uk).
15. Applicants and (where applicable) proposed Representatives will also be required to sign an Admission Letter before being admitted as a participant in the CNRF.
16. For further guidance on all legal documentation please see the CNRF – Guide to Legal Documentation on the Bank's website¹³.

⁷ Available here: [**CNRF Know Your Customer Questionnaire**](#)

⁸ Available here: [**CNRF Financial Data Form**](#)

⁹ Available here: [**CNRF Financial Data Form Certificate**](#)

¹⁰ Available here: [**SSI Data Collection Form**](#)

¹¹ Available here: [**CNRF Operating Procedures**](#)

¹² Available here: [**Signatory Guidance**](#)

¹³ Available here: [**CNRF Guide to Legal Documentation**](#)

17. Where the Bank receives information pursuant to an application for eligibility as a Participant or a Representative under the CNRF, including where the Bank makes enquiries of a regulatory body in respect of an application, the Bank may process (including collect, store and use) personal data relating to one or more individuals. Please see the privacy notice on the [Bank's CNRF webpage](#) for details as to how we process personal data.

Instructions for completing the Application Form

Please ensure full and comprehensive answers are provided in response to each relevant question.

Some sections of this application form only apply to specific types of applicants i.e., insurance companies, pension schemes and/or LDI funds. This will be indicated in ***bold italicised*** headers throughout the document. Questions that are listed under the header “***For all CNRF applicants***” should be completed in full, regardless of the type of applicant.

Applicants are required to submit an authorised signatory evidence form (Section 7 of this Application Form) authorising individuals on behalf of the applicant (and where relevant, individuals on behalf of the proposed Representative) to enter into all documentation related to the CNRF.

All CNRF applicants must provide all relevant supporting information listed in Section B of the CNRF Financial Data Collection Form¹⁴.

¹⁴ Available here: [CNRF Financial Data Form](#)

Section 1: Applicant Information

For all CNRF applicants¹⁵

No #	Question	Answer
1	Legal Name of the applicant (please give the applicant's name as it appears on the certificate of incorporation, trust deed or other constituting instrument or document establishing the applicant along with any business/trading name):	
2	Legal Entity Identifier of the applicant:	
3	Bloomberg ticker of the applicant (if applicable):	
4	Please indicate whether the applicant is a(n): (tick one):	<input type="checkbox"/> Insurance company <input type="checkbox"/> Defined-benefit occupational pension scheme (or a section thereof) <input type="checkbox"/> LDI fund (or sub-fund thereof)
4a	If the applicant is an LDI fund, please indicate the type of LDI fund:	<input type="checkbox"/> undertaking for collective investment in transferable securities (UCITS) <input type="checkbox"/> alternative investment fund (AIF) <input type="checkbox"/> Other – please provide details:
4b	If the applicant is an LDI fund, please demonstrate how they meet the criterion in 1.2(c) of the CNRF Terms and Conditions (that their investment strategy seeks to match the sensitivity of its assets to United Kingdom interest rates or inflation to that of its investors' pre-defined liabilities): ¹⁶	
5	Please provide details of the legal form of the applicant, the country or territory of incorporation, constitution or establishment of the applicant, and the legislation under which the applicant is incorporated, constituted or established (where applicable):	
6	Please indicate if the applicant intends to appoint a Representative to act on its behalf when accessing the CNRF:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Name, job title, phone number, and postal and email address of the individual completing the application form:	Name: Job Title: Phone Number: Address: Postcode: Email Address:
8	Please indicate whether the applicant has signed a Statement of Commitment to the UK Money Markets Code:	<input type="checkbox"/> Yes <input type="checkbox"/> No

¹⁵ See Section 6 for Representative Information.

¹⁶ See [CNRF FAQs](#) for more information.

Notice Details		
9	For the purposes of clause 5 of Part A of the CNRF Terms and Conditions, the notice details of the applicant are as follows:	Entity: Address: Postcode: Email Address: Phone Number:
10	For the purposes of clause 5 of Part A of the CNRF Terms and Conditions, the notice details of the proposed Representative (where applicable) are as follows:	Entity: Address: Postcode: Email Address: Phone Number:
Applicant's compliance with the CNRF Terms and Conditions		
11	Have any of the events of default set out in clause 8, clause 9 or clause 10 (as applicable) of Part B of the CNRF Terms and Conditions occurred in relation to the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:
12	Where the applicant is an LDI fund, have any of the events of default set out in clause 10 (as applicable) of Part B of the CNRF Terms and Conditions occurred in relation to its duly appointed fund manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:
13	Please confirm that the applicant and (where relevant) the proposed Representative have arrangements in place to ensure compliance with: (i) clause 6(d), 6(j) and 7(b) of Part B of the CNRF Terms and Conditions that requires participants in the CNRF to immediately notify the Bank if a Representative Replacement Event occurs and (ii) clause 11.1 of Part A of the CNRF Terms and Conditions that requires participants of the CNRF to immediately notify the Bank if an Event of Default or a Potential Event of Default occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Please confirm that the applicant and the proposed Representative (as applicable) have arrangements in place to help ensure compliance with the confidentiality requirements in the Documentation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Address of applicant and address of head office where different:	Address of applicant: Address of head office where different:
16	Does the applicant have a registered office in England?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16a	If yes, please give details:	
16b	If no, please give details of the applicant's nominated process agent:	
17	Is the applicant the main operating company within the broader group / fund (as applicable):	<input type="checkbox"/> Yes <input type="checkbox"/> No

17a	If no, please specify the name of the main operating company:	
18	Does the applicant have any cash pooling arrangements within the broader group / fund (as applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18a	If yes, please describe the cash pooling arrangements:	
For insurance companies only:		
19	Please give details here of any institutions in the same Group as the insurance company that in the insurance company's view could be eligible to become / is already a Participant in the Bank's CNRF:	
For pension schemes only:		
20	Please indicate the name(s) of the pension scheme trustee(s):	
21	Please indicate the pension scheme's relevant employer(s) or sponsor(s):	
22	Please detail any arrangements (e.g. sponsor guarantees, asset-backed funding structures, funding plans etc) supporting the pension scheme:	
23	Please detail any existing pension scheme borrowing:	
24	Please give details here of any pension schemes (or sections thereof) with the same employer that in the pension scheme's view could be eligible to become / is already a Participant in the Bank's CNRF:	
For LDI funds only:		
25	Please indicate whether the applicant is a Self-Managed LDI fund (i.e. it permits the responsibilities of a fund manager to be performed by the LDI fund itself and the fund has not appointed a third-party fund manager):	<input type="checkbox"/> Yes – Self Managed <input type="checkbox"/> No
25a	If no, please indicate the name of the duly appointed fund manager authorised to manage the LDI fund:	
26	Please indicate whether the LDI fund has pooled or segregated liability:	
27	Please indicate whether the applicant is constituted as an authorised unit trust:	<input type="checkbox"/> Yes <input type="checkbox"/> No
27a	If yes, describe the structure of the authorised unit trust and the relationship with the trustee:	
27b	If yes, please indicate the legal name and details of the trustee:	
28	Please indicate whether the applicant is constituted as a common contractual fund:	<input type="checkbox"/> Yes <input type="checkbox"/> No

28a	If yes, please describe the structure of the common contractual fund and relationship with the management company or manager:	
28b	If yes, please provide the legal name and details of the management company or manager:	
29	Please indicate whether the applicant is constituted as an investment limited partnership:	<input type="checkbox"/> Yes <input type="checkbox"/> No
29a	If yes, please describe the structure of investment limited partnership and the relationship with the general partner:	
29b	If yes, please indicate the legal name and details of the general partner:	
30	Is the applicant a sub-fund of an Umbrella Fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30a	If yes, please describe: the name of the Umbrella Fund, the structure of the sub-fund and relationship with the Umbrella Fund, and any other details of the sub-fund (i.e. governed statute, contractual sub-fund):	
31	Please indicate the name(s) of the applicant's Director(s):	
32	Please give details of any relevant sub-funds in the same Umbrella Fund as the applicant, common contractual fund(s) of the applicant with the same management company or manager, or related investment fund(s) that in the applicant's view could be eligible to become / is already a Participant in the Bank's CNRF:	

Section 2: Regulation

Subsection 2A: UK

Subsection 2A should be completed by (or on behalf of) the following applicants: (a) insurance companies incorporated in the UK; (b) pension schemes established or constituted under English law; (c) AIFs which are managed by a fund manager that is authorised by the FCA; or (d) UCITS which are authorised by the FCA and are managed by a fund manager that is authorised by the FCA.

No. #	Questions	Answers
For all CNRF applicants to whom Subsection 2A is relevant:		
33	Is the applicant one of the following: (a) an insurance company incorporated in the UK; (b) a pension scheme established or constituted under English law; (c) an AIF which is managed by a fund manager that is authorised by the FCA; or (d) a UCITS which is authorised and managed by a fund manager that is authorised by the FCA?	<input type="checkbox"/> Yes
34	Please indicate which of the following regulatory bodies the applicant is regulated and (where applicable) authorised by and (in the case of a UCITS or AIF that is not Self-Managed) which regulatory body is the applicant's fund manager authorised by in respect of regulated UK financial services (tick all that apply):	<input type="checkbox"/> The Pensions Regulator (TPR) <input type="checkbox"/> The Financial Conduct Authority (FCA) <input type="checkbox"/> The Prudential Regulatory Authority (PRA)
34a	If the applicant and (where applicable) its fund manager is not authorised to carry out regulated financial services business in the UK, please provide further details:	
35	Please provide details of any regulatory reference number, register number or similar of the applicant and (in the case of a UCITS or AIF that is not Self-Managed) their fund manager relating to any of the above regulatory bodies:	
For insurance companies to whom Subsection 2A is relevant:		
36	Please confirm the applicant is authorised for the purposes of the Financial Services and Markets Act 2000:	<input type="checkbox"/> Yes
37	Please list the name, telephone number and email address of the relevant team or individuals at the PRA and FCA responsible for supervision of the applicant (if applicable). Please provide team details or a mailbox address where available:	Name: Phone Number: Email Address: Name: Phone Number: Email Address: Name: Phone Number: Email Address:
38	Please include details of any material correspondence with the PRA and FCA relevant to the applicant's eligibility to be admitted to, participation in or performance of its obligations under the CNRF:	

For pension schemes to whom Subsection 2A is relevant:		
39	Please confirm that the applicant is regulated by The Pensions Regulator:	<input type="checkbox"/> Yes
40	Please list the name, telephone number and email address of the relevant team or individual(s) at The Pension's Regulator responsible for regulation of the applicant (if applicable). Please provide team details or a mailbox address where available:	Name: Phone Number: Email Address: Name: Phone Number: Email Address: Name: Phone Number: Email Address:
41	Please include details of any material correspondence with The Pensions Regulator and any notifications made by the trustees (or, where the trustee is aware, by the sponsoring employer(s) of the scheme) to The Pensions Regulator relevant to the eligibility to be admitted to, participation in or performance of its obligations under the CNRF:	
For LDI funds to whom Subsection 2A is relevant:		
42	If the applicant is a UCITS or AIF which is not Self-Managed, please indicate whether the applicant's fund manager is authorised by the FCA:	<input type="checkbox"/> Yes – authorised by the FCA <input type="checkbox"/> No – not authorised by the FCA
42a	If no, please provide details of the regulatory body/bodies that supervise(s) the fund manager:	
43	If the applicant is a UCITS, please confirm that the applicant is authorised by the FCA:	<input type="checkbox"/> Yes – authorised by the FCA <input type="checkbox"/> No – not authorised by the FCA
43a	If no, please provide details of the regulatory body/bodies that supervise(s) the fund manager:	
44	Please list the name, telephone number and email address of the relevant team or individual(s) at the FCA responsible for the regulation and (in the case of a UCITS) the authorisation of the applicant. Please provide team details or a mailbox address where available.	Name: Phone Number: Email Address: Name: Phone Number: Email Address:
45	In the case of a UCITS or AIF that is not a Self-Managed LDI fund, please list the name, telephone number and email address of the relevant team or individual(s) at the FCA responsible for the authorisation of the applicant's fund manager. Please provide team details or a mailbox address where available.	Name: Phone Number: Email Address: Name: Phone Number: Email Address:
46	Please include details of any material correspondence with the PRA and FCA relevant to the applicant's eligibility to be admitted to, participation in or performance of its obligations under the CNRF:	

Subsection 2B: Non-UK LDI funds

Subsection 2B should be completed by (or on behalf of) the following applicants: (a) AIFs which are managed by a fund manager that is authorised outside of the UK; (b) UCITS which are authorised outside of the UK and are managed by a fund manager that is authorised outside of the UK; or (c) any other investment fund that is itself authorised outside of the UK or is managed by a fund manager that is authorised outside of the UK.

No. #	Questions	Answers
	For non-UK LDI funds to whom Subsection 2B is relevant:	
47	Is the applicant one of the following: (a) an AIF which is managed by a fund manager that is authorised outside of the UK; (b) a UCITS which is authorised outside of the UK and is managed by a fund manager that is authorised outside of the UK; or (c) any other investment fund that is itself authorised outside of the UK or is managed by a fund manager that is authorised outside of the UK?	<input type="checkbox"/> Yes
48	Please indicate which of following supervisory bodies the applicant is regulated and (where applicable) authorised by and (in the case of a UCITS or AIF that is not Self-Managed) if the applicant's fund manager is authorised by:	<input type="checkbox"/> The Central Bank of Ireland <input type="checkbox"/> Commission de Surveillance du Secteur Financier, Luxembourg <input type="checkbox"/> Other supervisory authority outside of the UK, details:
49	Please provide details of any regulatory reference number, register number or similar of the applicant and (in the case of a UCITS or AIF that is not a Self-Managed LDI fund) their fund manager relating to any of the above supervisory bodies:	
50	Please list the name, telephone number and email address of the team or individual(s) at the relevant supervisory authority in the applicant's country of incorporation, establishment or constitution (as applicable) responsible for the regulation and (where applicable) authorisation of the applicant, the name of that supervisory authority, and the nature and scale of the regulated activities (including any financial sector / market regulations that apply to the applicant.	Name: Phone Number: Email Address: Name of supervisory authority: Nature and scale of regulated activities:
51	Where different to the details above and only in the case of a UCITS or AIF that is not a Self-Managed LDI fund, please list the name, telephone number and email address of the relevant team or individual responsible for the authorisation of the applicant's fund manager, the name of that supervisory authority, and the nature and scale of the authorised activities (including any financial sector / market regulations that apply to the fund manager.	Name: Phone Number: Email Address: Name of supervisory authority: Nature and scale of regulated activities:

Subsection 2C: Non-UK insurance companies and pension schemes

Subsection 2C should be completed by (or on behalf of) (a) insurance companies incorporated outside the UK or (b) pension schemes that are not established or constituted under English law.

No. #	Questions	Answers
	For non-UK insurance companies and pension schemes to whom Subsection 2C is relevant:	
52	Is the applicant either (a) an insurance company incorporated outside the UK or (b) pension scheme not established or constituted under English law?	<input type="checkbox"/> Yes
53	Please provide details of the legal form of the applicant, the country or territory of incorporation, constitution or establishment of the applicant, and the legislation under which the applicant is incorporated, constituted or established (where applicable):	
54	Please specify which regulatory regime, supervisory body(ies) the applicant is subject to, regulated and (where applicable) authorised by:	
55	Please provide details of any regulatory reference number, register number or similar of the applicant to any of the above supervisory bodies:	
56	Please list the name, telephone number and email address of the team or individual(s) at the relevant supervisory authority in the applicant's country of incorporation, establishment or constitution (as applicable) responsible for the regulation and (where applicable) authorisation of the applicant, the name of that supervisory authority, and the nature and scale of the regulated activities (including any financial sector / market regulations that apply to the applicant.	Name: Phone Number: Email: Address: Name of supervisory authority: Nature and scale of regulated activities:
57	Please provide any other details that the applicant considers relevant to the Bank's assessment of the eligibility of the applicant to be a participant in the CNRF:	

Section 3: Eligibility and Financial Data Collection

For all CNRF applicants

The purpose of the CNRF is to be able to address severe gilt market dysfunction that threatens UK financial stability arising from shocks that temporarily increase non-banks' market-wide demand for liquidity. Eligible counterparties will therefore need to make a material contribution to the gilt market. In considering their own suitability to apply for the CNRF, we encourage potential counterparties to consider whether they are likely to be exposed to a material risk of gilt sales as part of their liquidity risk management during financial shocks.

No. #	Questions	Answers
58	Please describe your motivation for applying to the CNRF and how it would be useful given liquidity risk inherent in your business model:	
Information regarding financial health of the applicant:		
59	When was the applicant last audited? If the applicant forms part of a consolidated group, when was the consolidated group last audited?	
59a	Please provide details of the entity audited (i.e. applicant or consolidated group):	
59b	Please confirm an auditor going concern statement is available:	
60	Does the applicant have experience in conducting collateralised lending transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
60a	If yes, please give summaries of the nature and scale of any collateralised lending activity:	

Section 4: Operational and Technical Set-up

For all CNRF applicants

An applicant or its proposed Representative (as applicable) will be required to complete a test trade to demonstrate that they have the operational capability to execute transactions and participate in auctions. An applicant or its proposed Representative on behalf of the applicant (as applicable) will be required to provide the Bank with some gilt collateral as part of the test trade.

The Bank's CNRF auctions are conducted over its electronic tendering system, Btender, which runs over SWIFT. An applicant or its proposed Representative (as applicable) will be required to install and complete testing on Btender prior to admission. An applicant or its proposed Representative (as applicable) will be required to seek membership of SWIFT, if it has not already done so.

To ensure there is efficient processing of SWIFT instructions, the Bank strongly recommends a Relationship Management Application (**RMA**) should be in place with the applicant or its proposed Representative acting on its behalf. The Bank will request confirmation of an RMA during a later stage of the application process, as part of requesting the SSIs. Please let us know if you have any questions in relation to SWIFT or RMA requirements to support settlement.

No. #	Questions	Answers
61	The entity that intends to log into Btender (either the applicant or the proposed Representative) will need to provide a SWIFT BIC through which it intends to access Btender via the SWIFTNet network. Please provide the name and capacity of the entity that will be logging into Btender, and specify whether they have access to SWIFT (where available):	a) Name: b) Capacity: [applicant]/[proposed Representative] c) Access to SWIFT: <input type="checkbox"/> Yes <input type="checkbox"/> No
62	The Bank requires settlement instructions to be provided in advance using the Bank's SSI Data Collection Form. Cash advances are made via CHAPs as a MT202 or pacs.009 payment. A SWIFT enabled BIC11 will be required as part of the SSI Data Collection Form. Please provide advance confirmation of the BIC11 that will be used for cash settlement and confirmation that this is available on the SWIFT directory:	a) BIC11 that will be used for cash settlement: b) Is this BIC11 available on the SWIFT directory? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5: Settlement Arrangements and Business Continuity

For all CNRF applicants

No. #	Questions	Answers
63	Can the applicant confirm that it would be delivering to the Bank eligible collateral to which it has absolute title free from all liens, claims, charges, and encumbrances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
64	Can the applicant confirm that, if another group company or third party (e.g., its proposed Representative) would be responsible for delivering eligible collateral to the Bank on behalf of the applicant, that other group company or third party would have no interest in such collateral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
65	Could there be any conflicts of interests between the applicant and any related company relating to its money market transactions with the Bank? If so, please provide details and state how the applicant would expect to manage these conflicts of interest and what regulatory requirements there would be in this area:	
66	What business continuity arrangements would the applicant and/or the proposed Representative (as applicable) use for its operations with the Bank?	
67	Can the applicant confirm that it will promptly take all such steps and execute all tax documentation/forms (in such form as the relevant tax authority may require) in connection with the Documentation? All tax documentation should be sent to CMCClientSetup@bankofengland.co.uk	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 6: Representative Information

The information submitted in this section should only be completed in relation to the proposed Representative to be appointed via a Representative Appointment Letter. Applicants that will participate directly in the CNRF should leave this section blank.

No.#	Questions	Answers
68	Legal Name of proposed Representative (please give the proposed Representative's name as it appears on the certificate of incorporation along with any business/trading name):	
69	Legal Entity Identifier of the proposed Representative:	
70	Bloomberg ticker of the proposed Representative (if available):	
71	Please provide the address of the proposed Representative and (where different) the address of the head office.	Address of proposed Representative: Address of head office where different:
72	Please provide details of the legal form of the proposed Representative (e.g., private limited company), the country or territory of incorporation of the proposed Representative and the legislation under which the proposed Representative is incorporated:	
73	Please indicate whether the proposed Representative has signed a Statement of Commitment to the UK Money Markets Code:	<input type="checkbox"/> Yes <input type="checkbox"/> No
74	Have any of the events set out in paragraph (a) of the definition of "Representative Replacement Event" in the CNRF Terms and Conditions (see Part E, Glossary) occurred in relation to the proposed Representative?	<input type="checkbox"/> Yes <input type="checkbox"/> No
74a	If yes, please give details:	
75	Is the proposed Representative regulated? If yes, please specify the name of that regulatory authority, the nature and scale of the regulated activities (including any financial sector/market regulations that apply to the representative), the regulator's register on which the Representative's information can be found and the regulatory reference number:	
76	Could there be any conflicts of interest between the proposed Representative and any related company relating to its money market transactions with the Bank? If so, please provide details and state how the proposed Representative would expect to manage these conflicts of interest and what regulatory requirements there would be in this area:	
77	Is the proposed Representative already admitted to access the Bank's CNRF as a Participant in its own right?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 7: Bank of England Authorised Signatory Form

Subsection 7A: Bank of England Authorised Signatory Form - Participant

For all CNRF applicants

This form must be completed on behalf of your organisation if you wish to become a Participant in the Bank's Contingent NBF1 Repo Facility (the **CNRF**).

If you wish to participate in the CNRF through a Representative, the Representative's relevant authorised signatories must also complete and submit the corresponding authorised signatory form for Representatives: the document headed "Bank of England Authorised Signatory Evidence Form – Representative".

To ensure our records are kept up to date, the Bank may require that this form is updated by you from time to time.

We refer to the participation of the Participant in the CNRF and the terms and conditions relating to it, as published by the Bank from time to time on its website at www.bankofengland.co.uk (as amended and/or supplemented from time to time including, without limitation, by any applicable Annex and any relevant Market Notice) (the **CNRF Terms and Conditions**¹⁷).

Terms defined in the CNRF Terms and Conditions have the same meaning where used in this form, unless defined herein or as the context otherwise requires.

NAME OF PARTICIPANT

EFFECTIVE AS FROM

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

[I] [We]¹⁸ hereby certify:

- (i) that the signatures contained on this form are authentic and are true copies of those named;

¹⁷ Available here: [CNRF Terms and Conditions](#)

¹⁸ Please delete/remove brackets as appropriate

- (ii) [that any person listed above acting singly is] [that any [two/three/four...]¹⁹ persons listed above acting jointly are]²⁰ duly authorised to sign any and all documentation (as required) for and on behalf of the Participant in connection with the CNRF, 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 in connection with the CNRF;
- (iii) that [I am an authorised signatory] [we are authorised signatories]²¹ 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

Signed Signed

Title Title

Authorised Signatory for and on behalf of the Participant

Authorised Signatory for and on behalf of the Participant]²²

¹⁹ Insert number of persons who should jointly sign documentation if relevant

²⁰ Please delete/remove brackets as appropriate

²¹ Please delete/remove brackets as appropriate

²² Please delete/remove brackets as appropriate

Subsection 7B: Bank of England Authorised Signatory Form - Representative

This form must be completed on behalf of your organisation if it proposes to act as a Representative under the Bank's Contingent NBF Repo Facility (the **CNRF**). This form is in addition to the corresponding authorised signatory evidence form (the document headed "Bank of England Authorised Signatory Evidence Form – Participant") for the Participant specified below. To ensure our records are kept up to date, the Bank may require that this form is updated by you from time to time.

We refer to the participation of the Participant specified below in the CNRF and the terms and conditions relating to it, as published by the Bank from time to time on its website at www.bankofengland.co.uk (as amended and/or supplemented from time to time including, without limitation, by any applicable Annex and any relevant Market Notice) (the **CNRF Terms and Conditions**²³).

Terms defined in the CNRF Terms and Conditions have the same meaning where used in this form, unless defined herein or as the context otherwise requires.

NAME OF PARTICIPANT

NAME OF REPRESENTATIVE

EFFECTIVE AS FROM

Name of Authorised Signatory ²⁴	Specimen Signature (scanned version acceptable)	E-mail Address

[I] [We]²⁵ 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 [two/three/four...]²⁶ persons listed above acting jointly are]²⁷ duly authorised to sign any and all documentation (as required) for and on behalf of the Representative acting on behalf of the Participant in connection with the CNRF, and that the persons listed above have full authority to

²³ Available here: [CNRF Terms and Conditions](#)

²⁴ Authorised signatories must be personnel for the Representative only (and must not include personnel from any third party delegates)

²⁵ Please delete/remove brackets as appropriate

²⁶ Insert number of persons who should jointly sign documentation if relevant

²⁷ Please delete/remove brackets as appropriate

bind the Representative acting on behalf of the Participant in accordance with the Representative's internal corporate governance or board approvals in connection with the CNRF;

(iii) that [I am an authorised signatory] [we are authorised signatories]²⁸ on behalf of the Representative and have the relevant authority (delegated or otherwise) to complete this form for and on behalf of the Representative.

Signed

Signed

Signed

Signed

Title

Title

Authorised Signatory for and on behalf of the Representative

Authorised Signatory for and on behalf of the Representative]²⁹

²⁸ Please delete/remove brackets as appropriate

²⁹ Please delete/remove brackets as appropriate

Section 8: Front Office Contact Number Form

For all CNRF applicants

This form must be completed on behalf of the applicant or its Representative (or proposed Representative)³⁰. To ensure our records are kept up to date, the Bank may require that this form is updated from time to time.

NAME OF CONTACT.....

EFFECTIVE AS FROM

TELEPHONE NUMBER

I (or We) hereby certify that:

- (i) the telephone number(s) above may be used to authenticate instructions given on behalf of the [applicant] [Participant][Representative], in relation to the CNRF;
- (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 [applicant][Participant] [Representative] and have the relevant authority (delegated or otherwise) to complete this form for and on behalf of the [applicant][Participant][Representative]³¹

Signed

Signed

Name

Name

Title

Title

Authorised Signatory for and on behalf of the [applicant] [Participant] [Representative]

Authorised Signatory for and on behalf of the [applicant] [Participant] [Representative]

³⁰ If provided with application form – the applicant/proposed participant should sign.

³¹ Please provide evidence to support the authority of the Authorised Signatories signing this application 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 here: [CNRF Signatory Guidance](#).

Section 9: Declaration and Application Form Sign-Off

For all CNRF applicants

By filling out this application form, the applicant:

- i) applies to become a Participant in the Contingent NBF1 Repo Facility; and
- ii) warrants that the information given in this application form and all supporting documents including the CNRF Financial Data Form³², CNRF Financial Data Form Certificate³³ and Bank of England CNRF Know Your Customer Questionnaire³⁴ submitted with this form is true, accurate, and complete to the best of its knowledge.

[the proposed Representative and the applicant:

- i) confirms that the proposed Representative has the authority to act on behalf of the applicant in relation to the applicant's admission to the CNRF; and
- ii) confirms that as part of the application process and prior to any admission to the CNRF the proposed Representative has authority, on behalf of the applicant, (i) to enter into overnight test trades with the Bank, (ii) to provide the SSIs (which may include details of third party delegates) to the Bank and (iii) to complete the CNRF Financial Data Form and CNRF Financial Data Form Certificate (iv) to take all other relevant steps required by the Bank to assess that the proposed Representative has operational capability to participate in and efficiently to settle Transactions with the Bank]³⁵

For and on behalf of [insert name and details of the applicant] as the applicant:³⁶

Signed

Name.....

Title.....

Date.....

[For and on behalf of the proposed Representative

Signed

Name.....

Title.....

Date.....]³⁷

This application form is available on the Bank's website³⁸

³² [CNRF Financial Data Form](#)

³³ [CNRF Financial Data Form Certificate](#)

³⁴ [CNRF Know Your Customer Questionnaire](#)

³⁵ To be included where the applicant proposes to appoint a Representative so both the applicant and Representative will be executing the application form.

³⁶ Signature block to be adapted from the signature block of the applicable Representation Appointment Letter

³⁷ To be included where the applicant proposes to appoint a Representative so both the applicant and Representative will be executing the application form.

³⁸ [CNRF Application Form](#)