

11.2 Senior management confirmation

I confirm that the information supplied in this form is complete and correct to the best of my knowledge at the time of application.

I undertake to tell the FSA immediately of any material changes to the information provided before receiving the FSA's decision on the application.

I confirm I am satisfied that the arrangements relating to the covered bond or programme will comply with the requirements of the RCB Regulations and the RCB Sourcebook.

I confirm that in accordance with the RCB Sourcebook 2.3.16D the issuer has obtained written advice and reports regarding the compliance of the issuer and the relevant covered bond or programme with the RCB Regulations and the RCB Sourcebook from suitable independent third party advisers.

I consent to this confirmation (section 11.2) being published on the regulated covered bonds register on the FSA's public website.

Issuer name

Alliance & Leicester plc

Name of covered bond or programme

Alliance & Leicester Covered Bonds plc

Signature (if the form is electronically submitted, the signature must be scanned)

Name of signatory

Chris Rhodes

Title of signatory (signatory must be a senior manager as defined in the FSA handbook glossary)

Group Finance Director.

Date

30th April 2008