

# AA06

## Statement of guarantee by a parent undertaking of a subsidiary company



Companies House

☒ **What this form is for**  
You may use this form as a  
statement of guarantee for a  
subsidiary company.

☐ **What this form is NOT**  
You cannot use this form  
statement of guarantee for a  
subsidiary which is an LLP  
form LLAA06.

THURSDAY



A12 \*A910620Z\* #213  
26/03/2020  
COMPANIES HOUSE

### 1 Subsidiary company details

Please enter the registered name and number of the company delivering  
this statement.

Company number 0 1 7 7 5 0 7 5

Company name in full Penrith Health Centre (PD) Consortium Limited

#### → Filling in this form

Please complete in typescript or in  
bold black capitals.

All fields are mandatory unless  
specified or indicated by \*

### 2 Relevant financial year

Please show the financial year end date to which the guarantee relates.

Date of financial year ending 3 0 0 6 2 0 1 9

### 3 Guarantee <sup>1</sup>

Please show details of the guarantee.

This statement of guarantee is being given under Section  
479C - audit exemption for a subsidiary company.

The guarantee is being provided by Bestway Group  
Limited (registered number 11003305) who guarantees  
the liabilities of the subsidiary for the financial year to 30  
June 2019 under section 479C Companies Act 2006.

#### <sup>1</sup> You must include:

Details of the section of the  
Companies Act 2006 under which  
the guarantee is being given:

- Section 394C—exemption  
from preparing accounts for a  
dormant subsidiary.
- Section 448C—exemption from  
filing accounts for a dormant  
subsidiary.
- Section 479C—audit exemption  
for a subsidiary company.

The name of the parent undertaking  
and:

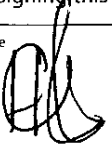
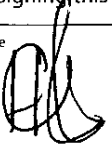
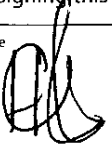
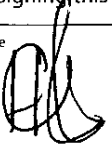
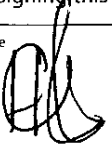
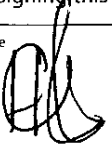
- if the parent was incorporated  
in the UK its registered number  
(if any); or
- if the parent was incorporated  
and registered (in the same  
country) elsewhere in the EEA,  
its registration number and the  
identity of the register where it  
is registered.

#### Schedule

If necessary, please attach a  
schedule to this form.

AA06

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|           |                                                                                                                                                                                                                 |           |                                                                                                                                                   |   |                                                                                   |   |                                                                           |   |   |   |   |   |   |   |   |   |   |  |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------------------------------------------------------------------------------|---|---------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|--|
| <b>4</b>  | <b>Statement date</b>                                                                                                                                                                                           |           |                                                                                                                                                   |   |                                                                                   |   |                                                                           |   |   |   |   |   |   |   |   |   |   |  |
|           | Please insert the date the statement was made.                                                                                                                                                                  |           |                                                                                                                                                   |   |                                                                                   |   |                                                                           |   |   |   |   |   |   |   |   |   |   |  |
| Date      | <table border="1"><tr><td>d</td><td>0</td><td>d</td><td>4</td><td>m</td><td>0</td><td>m</td><td>3</td><td>y</td><td>2</td><td>y</td><td>0</td><td>y</td><td>2</td><td>y</td><td>0</td></tr></table>             | d         | 0                                                                                                                                                 | d | 4                                                                                 | m | 0                                                                         | m | 3 | y | 2 | y | 0 | y | 2 | y | 0 |  |
| d         | 0                                                                                                                                                                                                               | d         | 4                                                                                                                                                 | m | 0                                                                                 | m | 3                                                                         | y | 2 | y | 0 | y | 2 | y | 0 |   |   |  |
| <b>5</b>  | <b>Signature on behalf of the parent undertaking<sup>②</sup></b>                                                                                                                                                |           |                                                                                                                                                   |   |                                                                                   |   |                                                                           |   |   |   |   |   |   |   |   |   |   |  |
|           | I am signing this form on behalf of the parent undertaking.                                                                                                                                                     |           |                                                                                                                                                   |   |                                                                                   |   |                                                                           |   |   |   |   |   |   |   |   |   |   |  |
| Signature | <table border="1"><tr><td>Signature</td><td><table border="1"><tr><td>X</td><td></td><td>X</td></tr></table></td></tr></table> | Signature | <table border="1"><tr><td>X</td><td></td><td>X</td></tr></table> | X |  | X | <b>②</b> This section must be signed on behalf of the parent undertaking. |   |   |   |   |   |   |   |   |   |   |  |
| Signature | <table border="1"><tr><td>X</td><td></td><td>X</td></tr></table>                                                               | X         |                                                                  | X |                                                                                   |   |                                                                           |   |   |   |   |   |   |   |   |   |   |  |
| X         |                                                                                                                                | X         |                                                                                                                                                   |   |                                                                                   |   |                                                                           |   |   |   |   |   |   |   |   |   |   |  |
| <b>6</b>  | <b>Signature of subsidiary<sup>③</sup></b>                                                                                                                                                                      |           |                                                                                                                                                   |   |                                                                                   |   |                                                                           |   |   |   |   |   |   |   |   |   |   |  |
|           | I am signing this form on behalf of the subsidiary company.                                                                                                                                                     |           |                                                                                                                                                   |   |                                                                                   |   |                                                                           |   |   |   |   |   |   |   |   |   |   |  |
| Signature | <table border="1"><tr><td>Signature</td><td><table border="1"><tr><td>X</td><td></td><td>X</td></tr></table></td></tr></table> | Signature | <table border="1"><tr><td>X</td><td></td><td>X</td></tr></table> | X |  | X | <b>③</b> This form must be signed by a director of the subsidiary company |   |   |   |   |   |   |   |   |   |   |  |
| Signature | <table border="1"><tr><td>X</td><td></td><td>X</td></tr></table>                                                               | X         |                                                                  | X |                                                                                   |   |                                                                           |   |   |   |   |   |   |   |   |   |   |  |
| X         |                                                                                                                                | X         |                                                                                                                                                   |   |                                                                                   |   |                                                                           |   |   |   |   |   |   |   |   |   |   |  |

AA06

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### Presenter information

You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record.

Contact name

Company name

Address

Post town

County/Region

Postcode

Country

DX

Telephone

### Checklist

**We may return forms completed incorrectly or with information missing.**

**Please make sure you have remembered the following:**

- ☐ The company name and number match the information held on the public Register.
- ☐ You have entered the date of the financial year in Section 2.
- ☐ You have completed Section 3.
- ☐ You have entered the date of the statement in Section 4.
- ☐ A representative of the parent has signed their name in Section 5.
- ☐ A director of the subsidiary has signed the form.
- ☐ To benefit from one of these exemptions, the subsidiary must also submit the following documents to the registrar of companies on or before the date on which its accounts are due:
  - a written notice that all members of the subsidiary agree to the exemption in respect of the relevant financial year; and
  - a copy of the parent undertaking's consolidated accounts, including a copy of the auditor's report and the annual report on those accounts.

### Important information

**Please note that all information on this form will appear on the public record.**

### Where to send

**You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below:**

**For companies registered in England and Wales:**

The Registrar of Companies, Companies House,  
Crown Way, Cardiff, Wales, CF14 3UZ.  
DX 33050 Cardiff.

**For companies registered in Scotland:**

The Registrar of Companies, Companies House,  
Fourth floor, Edinburgh Quay 2,  
139 Fountainbridge, Edinburgh, Scotland, EH3 9FF.  
DX ED235 Edinburgh 1  
or LP - 4 Edinburgh 2 (Legal Post).

**For companies registered in Northern Ireland:**

The Registrar of Companies, Companies House,  
Second Floor, The Linenhall, 32-38 Linenhall Street,  
Belfast, Northern Ireland, BT2 8BG.  
DX 481 N.R. Belfast 1.

### Further information

For further information, please see the guidance notes on the website at [www.companieshouse.gov.uk](http://www.companieshouse.gov.uk) or email [enquiries@companieshouse.gov.uk](mailto:enquiries@companieshouse.gov.uk)

**This form is available in an alternative format. Please visit the forms page on the website at [www.companieshouse.gov.uk](http://www.companieshouse.gov.uk)**