

# 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 for**  
You cannot use this  
statement of guarantee for a  
subsidiary which is a  
form LLAA06.

WEDNESDAY



A11 07/09/2022 #226  
COMPANIES HOUSE

ase  
uk

### 1 Subsidiary company details

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

Company number 0 4 4 5 1 8 8 3

Company name in full SPECTRIS US HOLDINGS 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 1 1 2 2 0 2 1

### 3 Guarantee

Please show details of the guarantee.

This guarantee is provided pursuant to Section 479C -  
audit exemption for a subsidiary company.

The name and registered number of the ultimate parent  
undertaking is Spectris plc, registration number 2025003.

#### 1 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.

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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>2</td><td>d</td><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td>0</td><td>8</td><td></td><td></td><td>2</td><td>0</td><td>2</td><td>2</td></tr></table> | d                                                                         | 2                                                                                                                                                 | d | 5                                                                                 |   |  |   |   |   |   |  |  |  |  |  |  | 0 | 8 |  |  | 2 | 0 | 2 | 2 |  |  |
| d         | 2                                                                                                                                                                                                                                                                              | d                                                                         | 5                                                                                                                                                 |   |                                                                                   |   |  |   |   |   |   |  |  |  |  |  |  |   |   |  |  |   |   |   |   |  |  |
|           |                                                                                                                                                                                                                                                                                |                                                                           |                                                                                                                                                   | 0 | 8                                                                                 |   |  | 2 | 0 | 2 | 2 |  |  |  |  |  |  |   |   |  |  |   |   |   |   |  |  |
| <b>5</b>  | <b>Signature on behalf of the parent undertaking<sup>①</sup></b>                                                                                                                                                                                                               |                                                                           |                                                                                                                                                   |   |                                                                                   |   |  |   |   |   |   |  |  |  |  |  |  |   |   |  |  |   |   |   |   |  |  |
|           | I am signing this form on behalf of the parent undertaking.                                                                                                                                                                                                                    | <b>①</b> This section must be signed 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 |  |   |   |   |   |  |  |  |  |  |  |   |   |  |  |   |   |   |   |  |  |
| 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>②</sup></b>                                                                                                                                                                                                                                     |                                                                           |                                                                                                                                                   |   |                                                                                   |   |  |   |   |   |   |  |  |  |  |  |  |   |   |  |  |   |   |   |   |  |  |
|           | I am signing this form on behalf of the subsidiary company.                                                                                                                                                                                                                    | <b>②</b> This form must be signed by a director 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 |  |   |   |   |   |  |  |  |  |  |  |   |   |  |  |   |   |   |   |  |  |
| Signature | <table border="1"><tr><td>X</td><td></td><td>X</td></tr></table>                                                                                                                              | X                                                                         |                                                                  | X |                                                                                   |   |  |   |   |   |   |  |  |  |  |  |  |   |   |  |  |   |   |   |   |  |  |
| X         |                                                                                                                                                                                               | X                                                                         |                                                                                                                                                   |   |                                                                                   |   |  |   |   |   |   |  |  |  |  |  |  |   |   |  |  |   |   |   |   |  |  |

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

**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  | Group Secretariat |   |   |   |   |   |   |  |  |  |
| Company name  | Spectris plc      |   |   |   |   |   |   |  |  |  |
|               |                   |   |   |   |   |   |   |  |  |  |
| Address       | Melbourne House   |   |   |   |   |   |   |  |  |  |
| 44-46 Aldwych |                   |   |   |   |   |   |   |  |  |  |
|               |                   |   |   |   |   |   |   |  |  |  |
| Post town     | London            |   |   |   |   |   |   |  |  |  |
| County/Region |                   |   |   |   |   |   |   |  |  |  |
| Postcode      | W                 | C | 2 | B | 4 | L | L |  |  |  |
| Country       | UK                |   |   |   |   |   |   |  |  |  |
| DX            |                   |   |   |   |   |   |   |  |  |  |
| Telephone     | 01784 470470      |   |   |   |   |   |   |  |  |  |

**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)**