

**DON'T  
STAPLE**

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

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24/09/2021

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COMPANIES HOUSE

## 1 Subsidiary company details

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

Company number 0 8 2 9 8 7 8 4

Company name in full Deanbrook Dental Care 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 0

## 3 Guarantee ①

Please show details of the guarantee.

Triventura Midco I Limited incorporated in England registered no. 10692177 guarantees its subsidiary company: Deanbrook Dental Care Limited under section 479c(1) of the Companies Act 2006.

### 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 and registered number (if any) of the UK-incorporated parent undertaking;

or (for financial years which end before the date on which the UK left the EU only):

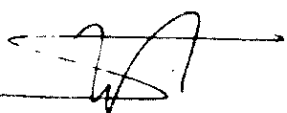
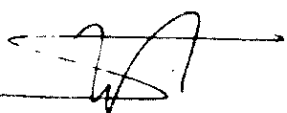
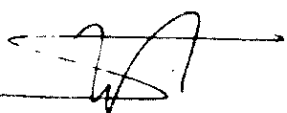
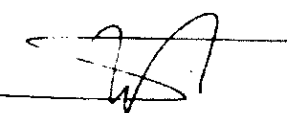
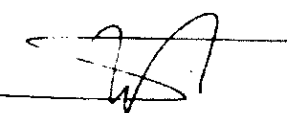
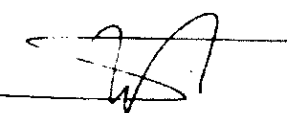
If the parent was incorporated and registered (in the same country) elsewhere in the EEA, its name, registration number and the identity of the register where it is registered.

Schedule

If necessary, please attach a schedule to this form.

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Statement of guarantee by a parent undertaking of a subsidiary company

|           |                                                                                                                                                                                                              |                                                                           |                                                                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| <b>4</b>  | <b>Statement date</b>                                                                                                                                                                                        |                                                                           |                                                                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|           | Please insert the date the statement was made.                                                                                                                                                               |                                                                           |                                                                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Date      | <table border="1"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr><tr><td>1</td><td>1</td><td>0</td><td>8</td><td>2</td><td>0</td><td>2</td><td>1</td></tr></table> | d                                                                         | d                                                                                 | m | m | y | y | y | y | 1 | 1 | 0 | 8 | 2 | 0 | 2 | 1 |  |  |
| d         | d                                                                                                                                                                                                            | m                                                                         | m                                                                                 | y | y | y | y |   |   |   |   |   |   |   |   |   |   |  |  |
| 1         | 1                                                                                                                                                                                                            | 0                                                                         | 8                                                                                 | 2 | 0 | 2 | 1 |   |   |   |   |   |   |   |   |   |   |  |  |
| <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.                                                                                                                                                  | <b>② This section must be signed on behalf of the parent undertaking.</b> |                                                                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Signature | <table border="1"><tr><td>Signature</td><td></td><td></td></tr><tr><td>X</td><td></td><td>X</td></tr></table>               | Signature                                                                 |  |   | X |   | X |   |   |   |   |   |   |   |   |   |   |  |  |
| Signature |                                                                                                                             |                                                                           |                                                                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| X         |                                                                                                                                                                                                              | X                                                                         |                                                                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| <b>6</b>  | <b>Signature of subsidiary<sup>③</sup></b>                                                                                                                                                                   |                                                                           |                                                                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|           | I am signing this form on behalf of the subsidiary company.                                                                                                                                                  | <b>③ This form must be signed by a director of the subsidiary company</b> |                                                                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Signature | <table border="1"><tr><td>Signature</td><td></td><td></td></tr><tr><td>X</td><td></td><td>X</td></tr></table>               | Signature                                                                 |  |   | X |   | X |   |   |   |   |   |   |   |   |   |   |  |  |
| Signature |                                                                                                                             |                                                                           |                                                                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| 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  | Claude Streit                |
| Company name  | Colosseum Dental UK Limited  |
| Address       | Endeavour House Second Floor |
|               | Crawley Business Quarter     |
|               | Manor Royal                  |
| Post town     | Crawley                      |
| County/Region | West Sussex                  |
| Postcode      | R H 1 0 9 L W                |
| Country       | UK                           |
| DX            |                              |
| Telephone     | 01293 515500                 |

**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

**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.gov.uk/companieshouse](http://www.gov.uk/companieshouse) 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.gov.uk/companieshouse](http://www.gov.uk/companieshouse)**