

# 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.

FRIDAY



\*A9W7G21T\*

A16

15/01/2021

#277

COMPANIES HOUSE

### 1 Subsidiary company details

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

Company number 0 9 7 7 4 9 0 1

Company name in full YEO VALLEY ASSOCIATES 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 0 5 2 0 2 0

### 3 Guarantee

Please show details of the guarantee.

THE GUARANTEE FOR YEO VALLEY ASSOCIATES  
LIMITED IS GIVEN IN RESPECT OF THE COMPANIES  
ACT SECTION 479C - AUDIT EXEMPTION FOR A  
SUBSIDIARY COMPANY, BY YEO VALLEY FARMS  
LIMITED FOR THE PERIOD ENDED 31 MAY 2020.

YEO VALLEY FARMS LIMITED IS A COMPANY  
REGISTERED IN ENGLAND AND WALES UNDER  
COMPANY REGISTRATION NUMBER 11897141.

#### 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.

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>1</td><td>d</td><td>5</td><td>m</td><td>1</td><td>m</td><td>2</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                                                                             | 1                                                                                                                                                  | d | 5                                                                                  | m | 1 | m | 2 | y | 2 | y | 0 | y | 2 | y | 0 |  |  |
| d         | 1                                                                                                                                                                                                                | d                                                                             | 5                                                                                                                                                  | m | 1                                                                                  | m | 2 | 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.                                                                                                                                                      | <sup>②</sup> 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>③</sup></b>                                                                                                                                                                       |                                                                               |                                                                                                                                                    |   |                                                                                    |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|           | I am signing this form on behalf of the subsidiary company.                                                                                                                                                      | <sup>③</sup> 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                                                                             |                                                                                                                                                    |   |                                                                                    |   |   |   |   |   |   |   |   |   |   |   |   |  |  |

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 JAY &amp; JAY PARTNERSHIP LIMITED

Address 2 CHESTERFIELD BUILDINGS

WESTBOURNE PLACE

CLIFTON

Post town BRISTOL

Country/Region

Postcode

B S 8 1 R U

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)