

**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. Use form LLAA06.

THURSDAY



\*ACIUP7VN\*

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21/12/2023

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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 1 2 6 8 8 9 7 5

Company name in full HCRG Medical Services 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 31 03 2023

### 3 Guarantee

Please show details of the guarantee.

Section 479C - audit exemption for a subsidiary company.

Parent undertaking:

Company Number: 03201165

Company name: HCRG Care Group Holdings Ltd

HCRG Care Group Holdings Ltd guarantees the liabilities of HCRG Medical Services Limited at 31 March 2023.

#### • 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 began before the end of the Transition Period (or 31 December 2020) 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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|           |                                                                                                                                                                                                |           |   |   |   |                                                                                                                                                                                                                   |   |                                                                           |   |   |   |   |   |   |   |   |   |   |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|---|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|
| <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></tr><tr><td>2</td><td>3</td></tr></table>                                                                                                           | d         | d | 2 | 3 | <table border="1"><tr><td>m</td><td>m</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1"><tr><td>y</td><td>y</td><td>y</td><td>y</td></tr><tr><td>2</td><td>0</td><td>2</td><td>3</td></tr></table> | m | m                                                                         | 1 | 1 | y | y | y | y | 2 | 0 | 2 | 3 |
| d         | d                                                                                                                                                                                              |           |   |   |   |                                                                                                                                                                                                                   |   |                                                                           |   |   |   |   |   |   |   |   |   |   |
| 2         | 3                                                                                                                                                                                              |           |   |   |   |                                                                                                                                                                                                                   |   |                                                                           |   |   |   |   |   |   |   |   |   |   |
| m         | m                                                                                                                                                                                              |           |   |   |   |                                                                                                                                                                                                                   |   |                                                                           |   |   |   |   |   |   |   |   |   |   |
| 1         | 1                                                                                                                                                                                              |           |   |   |   |                                                                                                                                                                                                                   |   |                                                                           |   |   |   |   |   |   |   |   |   |   |
| y         | y                                                                                                                                                                                              | y         | y |   |   |                                                                                                                                                                                                                   |   |                                                                           |   |   |   |   |   |   |   |   |   |   |
| 2         | 0                                                                                                                                                                                              | 2         | 3 |   |   |                                                                                                                                                                                                                   |   |                                                                           |   |   |   |   |   |   |   |   |   |   |
| <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.                                                                                                                                    |           |   |   |   |                                                                                                                                                                                                                   |   |                                                                           |   |   |   |   |   |   |   |   |   |   |
| 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 | <p>① This section must be signed on behalf of the parent undertaking.</p> |   |   |   |   |   |   |   |   |   |   |
| Signature |                                                                                                                                                                                                |           |   |   |   |                                                                                                                                                                                                                   |   |                                                                           |   |   |   |   |   |   |   |   |   |   |
| X         |                                                                                                               | X         |   |   |   |                                                                                                                                                                                                                   |   |                                                                           |   |   |   |   |   |   |   |   |   |   |
| <b>6</b>  | <b>Signature of subsidiary<sup>①</sup></b>                                                                                                                                                     |           |   |   |   |                                                                                                                                                                                                                   |   |                                                                           |   |   |   |   |   |   |   |   |   |   |
|           | I am signing this form on behalf of the subsidiary company.                                                                                                                                    |           |   |   |   |                                                                                                                                                                                                                   |   |                                                                           |   |   |   |   |   |   |   |   |   |   |
| 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 | <p>① This form must be signed by a director of the subsidiary company</p> |   |   |   |   |   |   |   |   |   |   |
| 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

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

**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)