

In accordance with regulation 9, regulation 19A and regulation 34A of the LLP Regulations 2008 (applying sections 394A(2)(e), 448A(2)(e) and 479A(2)(e) of the Companies Act 2006 respectively).

# LL AA06

## Statement of guarantee by a parent undertaking of a subsidiary Limited Liability Partnership (LLP)



Companies House

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

☐ **What this form is NOT for**  
You cannot use this form as a statement of guarantee for a subsidiary which is a company. Use form AA06.

THURSDAY



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27/07/2023

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COMPANIES HOUSE

### 1 Subsidiary LLP details

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

LLP number O C 3 3 9 1 2 1

LLP name in full DEN DENTAL GROUP PRACTICE LLP

#### → 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 2

### 3 Guarantee

Please show details of the guarantee.

In accordance with Section 479c of the Companies Act 2006 on 31 December 2022, the Oasis Healthcare Group Limited (Registered number: 08405422) has guaranteed the liabilities of its subsidiary as at 31 December 2022.

#### 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 undertaking.

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>1</td><td>0</td><td>0</td><td>7</td><td>2</td><td>0</td><td>2</td><td>3</td></tr></table>                                                                                   | d                                                                               | 1                                                                                                                                                 | 0 | 0                                                                                 | 7 | 2 | 0 | 2 | 3 |  |  |
| d         | 1                                                                                                                                                                                                               | 0                                                                               | 0                                                                                                                                                 | 7 | 2                                                                                 | 0 | 2 | 3 |   |   |  |  |
| <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</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>③</sup></b>                                                                                                                                                                     |                                                                                 |                                                                                                                                                   |   |                                                                                   |   |   |   |   |   |  |  |
|           | I am signing this form on behalf of the subsidiary LLP.                                                                                                                                                         | <b>③</b> This form must be signed by a designated member of the subsidiary LLP. |                                                                                                                                                   |   |                                                                                   |   |   |   |   |   |  |  |
| 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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### 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  
**Adele Duff**

Company name  
**Oasis Healthcare Group Limited**

Address  
**Bupa Dental Care,**

**Vantage Office Park,**

**Old Gloucester Rd**

Post town  
**Bristol**

County/Region  
**Avon**

Postcode  
**B S 1 6 1 G W**

Country  
**UK**

DX

Telephone  
**07704 189574**



### Checklist

We may return forms completed incorrectly or with information missing.

Please make sure you have remembered the following:

- ☐ The LLP 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 designated member 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 LLPs registered in England and Wales:**

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

**For LLPs 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 LLPs 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)