

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

WEDNESDAY



A22 12/07/2023 #35  
COMPANIES HOUSE

### 1 Subsidiary company details

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

Company number 0 0 6 8 3 6 9 8

Company name in full RENOWN INVESTMENTS (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 2

### 3 Guarantee

Please show details of the guarantee.

THIS GUARANTEE IS BEING GIVEN IN RESPECT OF:

SECTION 479C - EXEMPTION FROM THE AUDIT OF ITS ACCOUNTS FOR A SUBSIDIARY COMPANY.

THE NAME OF THE PARENT UNDERTAKING IS COSTAIN GROUP PLC.

THE PARENT COMPANY WAS INCORPORATED IN THE UNITED KINGDOM AND THE REGISTERED NUMBER IS 01393773.

- 1 You must include:**  
Details of the section of the Companies Act 2006 under which the guarantee is being given:
- a. Section 394C—exemption from preparing accounts for a dormant subsidiary.
  - b. Section 448C—exemption from filing accounts for a dormant subsidiary.
  - c. 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>2</td><td>d</td><td>5</td></tr></table>                                                                        | d         | 2                                                                                    | d | 5                    | <table border="1"><tr><td>m</td><td>0</td><td>m</td><td>5</td></tr></table> | m                                                                         | 0 | m | 5 | <table border="1"><tr><td>y</td><td>2</td><td>y</td><td>0</td><td>y</td><td>2</td><td>y</td><td>3</td></tr></table> | y | 2 | y | 0 | y | 2 | y | 3 |
| d         | 2                                                                                                                                                  | d         | 5                                                                                    |   |                      |                                                                             |                                                                           |   |   |   |                                                                                                                     |   |   |   |   |   |   |   |   |
| m         | 0                                                                                                                                                  | m         | 5                                                                                    |   |                      |                                                                             |                                                                           |   |   |   |                                                                                                                     |   |   |   |   |   |   |   |   |
| y         | 2                                                                                                                                                  | y         | 0                                                                                    | y | 2                    | y                                                                           | 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.                                                                                        |           |                                                                                      |   |                      |                                                                             |                                                                           |   |   |   |                                                                                                                     |   |   |   |   |   |   |   |   |
| Signature | <table border="1"><tr><td>Signature</td><td><table border="1"><tr><td>X</td><td><i>Robert Hillis</i></td><td>X</td></tr></table></td></tr></table> | Signature | <table border="1"><tr><td>X</td><td><i>Robert Hillis</i></td><td>X</td></tr></table> | X | <i>Robert Hillis</i> | X                                                                           | <b>②</b> This section must be signed on behalf of the parent undertaking. |   |   |   |                                                                                                                     |   |   |   |   |   |   |   |   |
| Signature | <table border="1"><tr><td>X</td><td><i>Robert Hillis</i></td><td>X</td></tr></table>                                                               | X         | <i>Robert Hillis</i>                                                                 | X |                      |                                                                             |                                                                           |   |   |   |                                                                                                                     |   |   |   |   |   |   |   |   |
| X         | <i>Robert Hillis</i>                                                                                                                               | X         |                                                                                      |   |                      |                                                                             |                                                                           |   |   |   |                                                                                                                     |   |   |   |   |   |   |   |   |
| <b>6</b>  | <b>Signature of subsidiary<sup>③</sup></b>                                                                                                         |           |                                                                                      |   |                      |                                                                             |                                                                           |   |   |   |                                                                                                                     |   |   |   |   |   |   |   |   |
|           | I am signing this form on behalf of the subsidiary company.                                                                                        |           |                                                                                      |   |                      |                                                                             |                                                                           |   |   |   |                                                                                                                     |   |   |   |   |   |   |   |   |
| Signature | <table border="1"><tr><td>Signature</td><td><table border="1"><tr><td>X</td><td><i>Womden</i></td><td>X</td></tr></table></td></tr></table>        | Signature | <table border="1"><tr><td>X</td><td><i>Womden</i></td><td>X</td></tr></table>        | X | <i>Womden</i>        | X                                                                           | <b>③</b> This form must be signed by a director of the subsidiary company |   |   |   |                                                                                                                     |   |   |   |   |   |   |   |   |
| Signature | <table border="1"><tr><td>X</td><td><i>Womden</i></td><td>X</td></tr></table>                                                                      | X         | <i>Womden</i>                                                                        | X |                      |                                                                             |                                                                           |   |   |   |                                                                                                                     |   |   |   |   |   |   |   |   |
| X         | <i>Womden</i>                                                                                                                                      | 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  | Asst Company Secretary |   |   |   |     |
| Company name  | Costain Group PLC      |   |   |   |     |
| Address       | Costain House          |   |   |   |     |
|               | Vanwall Business Park  |   |   |   |     |
| Post town     | Maidenhead             |   |   |   |     |
| County/Region | Berkshire              |   |   |   |     |
| Postcode      | S                      | L | 2 | 4 | U B |
| Country       | United Kingdom         |   |   |   |     |
| 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)