

Codacil

Please keep this document in a safe place together with your Will



Please ensure that you sign this form in the presence of two independent witnesses.

The following people cannot witness your codicil:

- Your executor
- Your executor's spouse
- A beneficiary of your Will
- A beneficiary's spouse

I (full name)

of (full address)

Postcode

declare this to be the (1st/2nd/3rd/other)

codicil to my Will dated and made (date)

I give, free of inheritance tax, the sum of £

to Children with Cancer UK, Third floor, 21-27 Lamb's Conduit Street, London WC1N 3NL registered charity number 298405, absolutely for its general charitable purposes and I declare that the receipt of the treasurer or other proper officer for the time being shall be a sufficient discharge to my executors.

In all other respects I confirm my said Will.

In witness whereof I have hereunto set my hand this

(day) of (month) (year)

This is my 1st/2nd/3rd/other codacil to the Will:

Testator's signature:

Signed in the presence of:

First Witness

Signature

Full name

Address

Occupation

Second Witness

Signature

Full name

Address

Occupation