



Codicil

Please keep this document in a safe place together with your will.

I (full name)	
Of (full address)	
	Postcode
Declare this to be the (1 st /2 nd /3 rd /ot made (date)	ther)codicil to my will dated and
I give, free of inheritance tax, the su	ım of £
13338193) of 97 Nursery Gardens, S general charitable purpose and I de	nerlocally CIC, family of activities (Company number Staines-Upon-Thames, TW18 1EL, absolutely for its clare that the receipt of the treasurer or other proper sufficient discharge to my executors.
In all other respects I confirm my sa this	id will, in witness where of I have hereunto set my hand
(day) of	(month) 20(year)
This is my 1 st /2 nd /3 rd /other	codicil to the will.
Testator's signature	
Signed in the presence of:	
First Witness	Second Witness
Signature	Signature
Full	Full
Name	Name
Address	Address
Occupation	Occupation

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.

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