

Codicil

Declaration Form



Codicil Declaration Form

I (Your full name) _____

Of (Your address) _____

_____ Postcode _____

DECLARE this to be a first / second / third (delete as appropriate) Codicil to my last Will dated and made on __ / __ / ____ (dd/mm/yyyy)

MY WILL shall be construed and take effect as if it contained the following clause:

I give free of tax to The Brendoncare Foundation, registered charity number 326508, of The Old Malthouse, Victoria Road, Winchester, SO23 7DU (Please tick box and complete as appropriate)

The sum of _____ pounds (£ _____) (sum in words and figures) for the charitable purposes of the Charity

The following specific item(s), namely:

IN ALL other respects I confirm my Will and all previous Codicils dated (delete as appropriate)

_____ / _____ / _____
(Date of first Codicil) (Date of second Codicil) (Date of third Codicil)

SIGNED

Your name (print) _____

Your signature _____ Date __ / __ / ____ (dd/mm/yyyy)

Signed by the above mentioned person, in our presence, and witnessed by us in the presence of him/her and of each other

FIRST WITNESS

Signature _____

(signature of first witness)

Name _____

Address _____

Occupation _____

Date __ / __ / ____ (dd/mm/yyyy)

SECOND WITNESS

Signature _____

(signature of second witness)

Name _____

Address _____

Occupation _____

Date __ / __ / ____ (dd/mm/yyyy)

01962 852133

www.Brendoncare.org.uk

Registered charity number: 326508

