Codicil

| [Please complete in block capitals ar | nd delete as applicable] |
|--|--|
| I [full name] | |
| Of [address] | |
| | |
| | |
| | [day] of |
| | |
| I give absolutely, free of Inheritance | Tax and all other fiscal impositions |
| $\hfill\Box$ the sum of | as you would on a cheque]; |
| | $\underline{\mathbf{R}} \Box \text{a} \dots \dots % share of the residue of my estate, in either case rovision of my will (or prior codicil(s)) as to the said residue;$ |
| $\ \square$ a specific item of property, being | g |
| | |
| | tian Knowledge of 36 Causton Street, London SWIP 4ST, Registered Charity es, and I direct that the receipt of the Treasurer or other duly authorized o my Executors. |
| I wish that donations, in lieu of flora [cross out this section if you don't v | al tributes, be given to The Society for Promoting Christian Knowledge. want it to apply] |
| In all other respects, I confirm my V | Vill and any other Codicils thereto. |
| In Witness whereof, I have hereunted | o set my hand this |
| | [day] of [month] [year] |
| Signed by me [full name in capitals] | [followed by your signature] |
| | |
| The testator must sign in the presence | of the witnesses and they must both sign in the presence of the testator. |
| As a 1st / 2nd /and then by us in the testator's pres | [other, please specify] Codicil to my Will in our presence, sence: |
| First witness | Second witness |
| [signature] Full name | [signature] Full name |
| i uli liame | i dii name |
| Address | Address |
| Occupation | Occupation |