## **Claremont Fan Court School**



## **Codicil Form**

l (full name)			
of (address)			
	Postcode		code
Declare this to be a <sup>1</sup>		Codicil to my Will dated	
(date)	(month)	(year)	which is held by:
Name of bank/solicito	r/individual		
Address			
	Postcode		
In addition to any beg	uests and legacie	es given in my said Will, I GIVE f	ree of Inheritance Tax
a) the sum of <i>(in word</i>	Ū		
<u>a) ine cam er (in nord</u>			and/or
b) the following item(s	 3)		
<u></u>	7		
the receipt of the pers time being of the Cha and ratify my said Wil them to give effect to gift to be used but in t attention of the Charit gift may be used in th	son appearing to r rity shall be a full I and I REQUEST any written wishe the event that I do by within a period e absolute discre	bundation (Registered Charity No my Trustees to be the Treasurer discharge to my Trustees and in T the Charity but without imposin es of mine concerning the purpos o not express such wishes or suc of six months following my death stion of the Charity. PLEASE RET	or other Proper Officer for the a all other respects I confirm g any binding obligation on se to which I would like this ch wishes do not come to the I FURTHER DIRECT that this FURN THIS PAGE.
IN WITNESS whereof	i I have hereunto	set my hand to this my <sup>2</sup>	Codicil this

(date) (month) (year) in the joint presence of th
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witnesses whose names appear below.3

Signature

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## Witness 1 details

Name	
Address	
	Postcode
Occupation	
Signed	Date
Witness 2 details	
Name	
Address	
	Postcode

Occupation
Signed Date

## Footnotes

- 1 State whether this Codicil is your first, second, third etc. to your existing Will.
- 2 This legacy can be index-linked to ensure it remains unaffected by inflation. Please consult your Solicitor for suitable wording.
- 3 Your signature must be witnessed by two independent adults, i.e. someone who does not benefit under your Will and who is not related to you or to anyone who benefits under your Will.