

# Codicil Form

Please note the following important information before completing this form:

- ✓ Please ask your Solicitor to check that your Codicil is compatible with your existing Will;
- ✓ The Codicil must be signed by two independent Witnesses (or one for Scotland) who are not your Executor or your Executor's Spouse, a Beneficiary of your Will or Codicil, or a Beneficiary's Spouse, and they must both be present when you sign the Codicil;
- ✓ The Codicil must be kept with the existing Will but not attached to it.

Full Name

Address

 Post Code 

**I DECLARE** this to be my first / second / third [*please delete as appropriate*] Codicil to my Will dated [*insert date of Will*] this  day of  [*month*]  [*year*]

**I GIVE** [*please tick as appropriate*]

The following proportion of the residue of my estate  %

The sum of £

The following specific item(s)

to Shuktara Trust (UK) Charity Reg. No. 1112303 of 7 Lily Close, London W14 9YA for its charitable purposes. I further direct that the receipt of the Honorary Treasurer or other proper Officer of Shuktara Trust (UK) for the time being shall be a full and final sufficient discharge for the said Legacy.

**IN ALL** other receipts I confirm my said Will and other Codicils thereto.

**IN WITNESS** whereof I have hereunto set my hand to this my Codicil

this  day of  20

**SIGNED** by the said [*enter full name*]

Signature

**IN OUR PRESENCE** and attested by us both in the presence of the Testator and of each other:

**First Witness**

Title  First Name  Surname

Address

Postcode

Occupation

This  day of  20

Signature

**Second Witness**

Title  First Name  Surname

Address

Postcode

Occupation

This  day of  20

Signature