

**CODICIL FORM**

Please complete this form as required, in BLOCK CAPITALS, and send to your solicitor.

I (*full name*) \_\_\_\_\_ of  
(*address*) \_\_\_\_\_

Declare this to be a (first / second / third) codicil to my will dated \_\_\_ / \_\_\_ / \_\_\_

In addition to any legacies given in my said will I give to the National Association for People Abused in Childhood (NAPAC), of 7-14 Great Dover Street, London, SE1 4YR (Reg Charity No. 1069802)

- the sum of £ \_\_\_\_\_
- all of the residue of my estate
- (a specific item) \_\_\_\_\_ for its general purposes.

I declare that the receipt(s) of the Chief Executive or other proper officer shall be a full and sufficient discharge to my executors.

In all other respects I confirm my said will and any other codicils thereto.

Signed \_\_\_\_\_

*Signed by the above named in our presence and witnessed by us in the presence of him/her and each other.*

WITNESS ONE	WITNESS TWO
Signature:	Signature:
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Occupation:	Occupation:
Date:	Date:

***Once completed, this codicil form should be sent to your solicitor or the person who is looking after your will.***