

**Codicil Form**

I, \_\_\_\_\_ (Name)

Of \_\_\_\_\_  
(Address)

DECLARE this to be a \_\_\_\_\_ (first/second as appropriate) Codicil to my last Will, dated \_\_\_\_\_ ("my Will").

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

I give free of Inheritance tax to:

**Anaphylaxis Campaign (Registered Charity England & Wales 1085527)  
1 Alexandra Road, Farnborough, Hampshire, GU14 6BY**

a) \_\_\_\_\_ per cent ( \_\_\_\_\_ %) (percentage in words and figures) of my residuary estate for the general purposes of the said Charity.

b) The sum of \_\_\_\_\_ pounds (£ \_\_\_\_\_) (sum in words and figures) for the general purposes of the Charity.

The receipt of the secretary or other officer for the time being of the said charity shall be sufficient discharge to my Executors.

IN ALL other respects I confirm my Will and any other previous Codicils.

IN WITNESS whereof I have hereunto set my hand on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

SIGNED by

\_\_\_\_\_  
(Your signature)

\_\_\_\_\_  
(Signature of testator/testatrix)

As and for a \_\_\_\_\_ (first/second etc) Codicil to his/her Will in our presence. And by us jointly attested and subscribed in his/her presence.

FIRST WITNESS

SECOND WITNESS

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address:

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupation:

Occupation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(signature)