

Codicil Form: 1

I (Full Name)

Of (Address)

Postcode

declare this to be a

☐ first ☐ second ☐ third codicil to my will, dated and made on the

Day/month/year , , (date of original will)

I give (please tick one):

☐ the following specific item(s)...namely

☐ the sum of £

to British Wireless for the Blind Fund (BWBF), 10 Albion Place, Maidstone, Kent, ME14 5DZ for its general charitable purposes, and I direct that the receipt (s) of the duly authorised officer at BWBF shall be sufficient discharge of my Executor/Trustees.

Please turn over



Codicil Form: 2

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

Signed

Dated

Signed by the aforementioned in our presences and witnessed by us on the presences of him/her and of each other.

Witness one

Full Name

Address

Postcode

Occupation

Signature

Date

Witness two

Full Name

Address

Postcode

Occupation

Signature

Date