

CODICIL FORM

I (name)

Of

..... (address)

Declare this to be a (first/second*) codicil to my Will date / /

In addition to any legacies given in my said Will, I give to the Gloucestershire Deaf Association (GDA) of Colin Road, Barnwood, Gloucester, Gloucestershire, GL4 3JL (charity registration England and Wales number 1015937), the sum of £ / or a specific item / or a % share of my estate* to be used for its general purposes and I declare that the receipt of the Treasurer or duly authorised officer shall be full and sufficient discharge.

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

* please complete as required and cross out those options not required.

Signed **Date**

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

Witnessed by

Signature **Signature**

Name **Name**

Address **Address**

.....

Postcode **Postcode**

Occupation **Occupation**

Date **Date**