

# Codicil

I \_\_\_\_\_ (Name)  
of \_\_\_\_\_  
\_\_\_\_\_ (Address) \_\_\_\_\_ (Postcode)  
declare this to be a (first/second/ \_\_\_\_\_) Codicil to my Will dated  
\_\_\_\_\_.

In addition to any legacies given in my said Will, I give to SPANA, 14 John Street, London WC1N 2EB (registered charity number 209015) the sum of £ \_\_\_\_\_  
(or specific item \_\_\_\_\_ or \_\_\_\_\_ % 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 a full and sufficient discharge. In all other respects, I confirm my said Will and any other codicils thereto.

Signed \_\_\_\_\_ (in the presence of)

## Witness 1

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Occupation \_\_\_\_\_

Date \_\_\_\_\_

## Witness 2

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Occupation \_\_\_\_\_

Date \_\_\_\_\_

(Two witnesses are needed in England, Wales and Northern Ireland; one witness in Scotland)

[PLEASE SEND THIS FORM TO YOUR SOLICITOR](#)