



Penny Brohn Cancer Care

Setting the standard in complementary care

Legal Codicil form

Insert your full name.

I

Insert your full address.

Of
Postcode

Insert the date you sign the Codicil in these three boxes, using words rather than figures. For example, 'the eighth day of March in the year two thousand and seven'.

DECLARE THIS to be a Codicil which I make to my Will which is dated

The day of
In the year

1. In addition to the provisions of my said Will, I GIVE to Penny Brohn Cancer Care, Chapel Pill Lane, Pill, Bristol BS20 0HH (Registered Charity No. 284881)

Insert here the share of your Estate, or the amount of money (using words rather than figures), or the description of the item you wish to leave to Penny Brohn Cancer Care.

For its general purposes.

2. IN ALL OTHER RESPECTS I confirm my said Will.

Sign in this box, in the presence of your two witnesses.

Signed

This Codicil has been signed by the above-named in our joint presence and then by us in his / her presence.

Your two witnesses must be present and see you sign this Codicil. They must also sign in these boxes and each insert their name, address and occupation.

Signature

Name

Address

Occupation

Signature

Name

Address

Occupation

After it has been completed, signed and witnessed, this Codicil legally includes a legacy to Penny Brohn Cancer Care in your Will. We suggest that you keep the Codicil with your original Will, and that you keep a copy of the Codicil with any copies of your Will held by your solicitor or other people.