Codicil Please ensure that you sign this form in the presence of two independent witnesses. I (full name) The following people cannot witness your codicil: Of (address) • vour executor • vour executor's spouse Postcode..... • a beneficiary of your Will • a beneficiary's spouse I declare this to be a □First ☐ Second ☐ Third Signed by the person mentioned above, in our Codicil to my Will, dated and made on (day/month/year)/..... presence, and witnessed by us in the presence of him/her and of each other. I give (please tick as appropriate) \Box the following proportion of the residue of my estate Witness One Name \Box the following specific items(s), namely Postcode \Box the sum of f Occupation Date To Anti-Slavery International (Registered Charity Number 1049160) Signature Thomas Clarkson House, The Stablevard, Broomgrove Road, London SW9 9TL; for its general charitable purposes, and I direct that the Witness Two receipt(s) of the duly authorised officer of Anti-Slavery International Name shall be sufficient discharge of my Executor / Trustees. Address In all other respects I confirm my Will and any other codicils thereto: Postcode Occupation

Signed Date

Date

Signature