CODICIL - Australia

PLEASE ATTACH THE COMPLETED CODICIL TO YOUR EXISTING WILL. WE SUGGEST YOU CONSULT YOUR SOLICITOR WHEN MAKING ANY CHANGES TO YOUR WILL.

Codicil of full name
This Codicil is dated DAY of MONTH YEAR
and is made by me of ADDRESS
I confirm my Will dated/ in all respects, except that I add the following clause or clauses:
United Mission to Nepal (UMN) of PO Box 126, Kathmandu, Nepal shall receive:
SIGNATURE OF WILL MAKER:
Signed by the Will Maker of this Codicil in our presence, and in the presence of each other.
WITNESS 1 SIGNATURE
NAME, ADDRESS, OCCUPATION
WITNESS 2 SIGNATURE
NAME, ADDRESS, OCCUPATION

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