



Codicil Form

Please ensure that you sign this form in the presence of two independent witnesses.

The following people cannot witness your codicil:

- Your executor
- Your executor's spouse
- A beneficiary of your will
- A beneficiary's spouse.

Please keep this document in a safe place together with your will. I

(full name) _____

of (full address) _____

_____ Postcode _____

declare this to be the (1st/2nd/3rd/other) _____ codicil to my will
dated and made (date) _____

I give, free of inheritance tax, the sum of £ _____ or (item)

To Royal Blind, 50 Gillespie Crescent, Edinburgh EH10 4JB, registered charity number SCO17167, absolutely for its general charitable purposes and I declare that the receipt of the Chief Executive or other proper officer for the time being shall be a sufficient discharge to my executors.

In all other respects I confirm my said will. In witness whereof I have hereunto set my hand this

_____ (day) of _____ (month) 20____

Testator's signature:

Signed in the presence of:

First Witness

Signature _____

Full name _____

Address _____

Occupation _____

Second Witness

Signature _____

Full name _____

Address _____

Occupation _____