Codicil form



To make a legacy donation to: Princess Alice Hospice, West End Lane, Esher, Surrey, KT10 8NA

Caring when it matters

If you already have a Will but would like to include an additional gift you can complete the Codicil below. Please refer to the Codicil helpsheet to guide you through the process.

If you wish to leave all/a percentage of your residue we recommend you redo your Will rather than use a Codicil form as this can cause complications and future contentious cases.

I (full name):							
of (adress):							
			Post Code:				
declare this to l	oe my		(first/second) Codicil of my	last Will which		
date:		month:		year:			
(NB this is the	date of th	ne Will)					
and, if applicab	e, your fi	rst Codicil date	d:				
date:		month:		year:			
(NB: If this is your third Codicil, please do get in touch to discuss this further as you will need a different version of this form.) The said Will shall be construed and take effect as if it contained the following additional clause(s):							
I give Princess A	Alice Hos _l	pice (registered	charity numbe	r 1010930) o	f West End		
					(figures)		
			(amou	unt in words) a	bsolutely for		
its general purp	oses and	I direct that the	e receipt of the	Treasurer or o	other duly		

authorised officer shall be a sufficient discharge to my executors.

I leave to Princess	Alice Hospice (Register	ed Charity Number	1010930) of West End				
Lane, Esher, Surre	y, KT10 8NA:						
(description of ite	ems) absolutely for the g	eneral purposes of	the said charity and				
I direct that the receipt of the Treasurer or other duly authorised officer shall be a							
sufficient discharg	ge to my executors.						
Signed by the abo	ove named						
as a first/second*	Codicil to his/her* Will	dated	in our joint				
presence and the	n by us in his/hers* (*de	lete as appropriate)					
Signature:							
Date:							
(N.B. both witnesses must be over 18 and of sound mind, they must be present and							
sign the Codicil together and must not benefit from the Will or Codicil. Please refer to the Codicil helpsheet).							
the Codicii helpsii	icce).						
Witness One:		Witness Two:					
Full name:		Full name:					
Signature:		Signature:					
Date:		Date:					
Address:		Address:					
Post Code:		Post Code:					

and/or