



Codicil Form

To add to an existing Will

I (INSERT FULL NAME)

OF (INSERT ADDRESS)

.....

DECLARE THIS TO BE A CODICIL TO MY WILL DATED (INSERT DATE IN WORDS)

WHICH IS LODGED WITH (INSERT ADDRESS OF SOLICITOR/BANK/OTHER)

.....

In addition to any legacies given in my said Will I give De Montfort University, The Gateway, Leicester, LE1 9BH (Exempt Charity)

A % share of my residuary estate to be used for general purpose or for the purpose of

.....

OR The sum of (in figures and words) £

(Please complete as appropriate and cross out the option above not required)

I declare that the Registrar and Secretary or other authorised officer of De Montfort University shall be good and sufficient discharge to my Executors.

SIGNED BY THE ABOVE NAMED

DATE

Witnessed by the following persons who have signed their names in the presence of each other and the person named above.

NAME.....

OCCUPATION

ADDRESS

SIGNEDDATE

NAME.....

OCCUPATION

ADDRESS

SIGNEDDATE