



JEWISH
WOMEN'S
AID

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

CODICIL

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 £ _____

to Jewish Women's Aid, PO Box 65550, London N3 9EG,
registered charity number 1047045, absolutely for its
general charitable purposes and I declare that the receipt
of the treasurer 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_____

This is my 1st/2nd/3rd/other _____ codicil to the will:

Testator's signature:

Signed in the presence of:

First Witness

Signature _____

Full name _____

Address _____

Occupation _____

Second Witness

Signature _____

Full name _____

Address _____

Occupation _____