Codicil Form

I			(Full Name)
Of			(Address)
being of sound mind, DECLARE this to be a			(first/second)
Codicil to my last Will	, dated the		day
of	19	/20	("my Will")
MY WILL shall be co clause:	nstrued and tak	ce effect as if it cor	ntained the following
I give free of Inheritano	ce Tax to:		
Face2Face Education (Charity Registration	*	rfields, Thetford, I	Norfolk, IP24 1LB
a)pe	rcent (%) (p	percentage in words	and figures)
of my residuary estate	for the general pu	urposes of the said	Charity.
b) The sum of		pounds (£)
(sum in words and figu	res) for the gener	ral purposes of the	Charity.
The receipt of the secres shall be sufficient disch			ing of the said charity
IN ALL other respects	I confirm my		
Will			
(and Codicil dated) (da	te of Codicil)		
IN WITNESS whereof	I have hereunto	set my hand on this	3
	day of		20

SIGNED by the said
(Name)
(Signature of Testator)
As and for a (first/second etc) Codicil to his/her Will in our presence
And by us jointly attested and subscribed in his/her presence.
FIRST WITNESS
Name
Signature of Witness
Address
Occupation
SECOND WITNESS
Name
Signature of Witness
Address
Occupation