Codicil

Practical ACTION

A Codicil is a simple legal document that allows you to make changes to your existing Will, such as adding a gift to Practical Action, without writing an entirely new Will. We suggest that you use this form to instruct your solicitor of this change. He /she will ensure that the wording and process is correct and the Codicil is legally valid.

Firstly, sign your name and date in the presence of two witnesses. Ask them to write their name, address and occupation, and then sign and date the Codicil. You must be present while each of you sign the Codicil.

When the Codicil is complete, make sure you keep it in a safe place and do not attach it to any other documents or use any pins, paperclips or staples. Send or give a copy of your Will and Codicil to your executor(s) and let them know where the originals are held. It is important that the original Will and Codicil are kept together (but not attached) and that anyone with a copy of your Will also has a copy of the Codicil.

If you have any questions about leaving a gift in your Will to Practical Action, please contact Liz Webb on **01926 634484** or email **Liz.Webb@practicalaction.org.uk**

I (full name) _____

of (address) _____

_____ Postcode _____

declare this is to be a First/Second/Third/ _____ Codicil to my last Will, dated and made on __ __ /__ __ /__ __

I give free of inheritance tax to Practical Action, a charity (registered charity number 247257) of:
The Robbins Building, 25 Albert Street, Rugby, Warwickshire, CV21 2SD

For a residuary gift

the whole of _____ per cent (_____ %) (percentage in words and figures) of my residuary estate for the general purposes of the said Charity.

For a pecuniary gift

The sum of £ _____ (sum in words and figures) for the general purposes of the Charity.

For a specific gift

The following specific item(s), namely _____
for general charity 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.

Signed _____ Date: __ __ /__ __ /__ __

Witness #1 Name _____

Occupation _____

Address _____

_____ Postcode _____

Signed _____

Date: __ __ /__ __ /__ __

Witness #2 Name _____

Occupation _____

Address _____

_____ Postcode _____

Signed _____

Date: __ __ /__ __ /__ __