

Codicil



A Codicil is a simple legal document which 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, occupation and then sign and date the Codicil. You must be present while each of you sign the Codicil.

When complete, make sure you keep the Codicil 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 our Supporter Care Team on 01926 634531 or supporterservices@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 Schumacher Centre, Bourton on Dunsmore, Rugby, Warwickshire, CV23 9QZ

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

The sum of £..... (sum in words and figures) (for gifts of a specific sum of money) for the general purposes of the Charity.

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/...../.....