

South East Cancer Help Centre

Codicil Form

A Codicil is a simple legal document, which allows you to make changes to your existing Will without you needing to write a new one.

To add a bequest to South East Cancer Help Centre to your existing Will, simply fill out the form below.

We recommend you seek legal advice from a solicitor as they may be able to further advise you as to how the Codicil form will impact your Will in relation to your own circumstances and how to implement the Codicil to ensure it is legal and correct.

Make sure that you sign it before two witnesses, neither of whom stand to benefit from your Will or this Codicil.

Once completed, you may wish to forward this document to your solicitor for checking. It should then be kept in a safe place together with your Will.

**Thank you for your kindness.
Your gift will help save lives.**

South East Cancer Help Centre

Registered Charity Number: 1011509

SECHC, 2 Purley Road (Tesco Development), Purley, Surrey, CR8 2HA, UK

Your codicil for a bequest to South East Cancer Help Centre

For you to complete

By this first (or appropriate number).....

Codicil to my Will dated.....

I (full name).....

.....

of (address).....

.....

.....

In addition to the provisions of my said Will, give to South East Cancer Help Centre, 2 Purley Road, Purley, Surrey, CR8 2HA. Registered Charity Number 1011509 the sum of:

Residual Legacy[†]%

Pecuniary Legacy £.....

Specific Legacy (item)

for its general charitable purposes and I direct that the receipt of the Treasurer for the time being or other duly authorised officer shall be a sufficient discharge to my executors/trustees. In all other respects I confirm my said Will.

Signed *

Date

* In front of witnesses

† A percentage of your estate left after all specific gifts, debts, fees, taxes and other expenses have been paid.

For your witnesses to complete

Signed by the alongside in our joint presence and then by us in his/hers.

1st Witness

(Mr/Mrs/Miss/Ms/Dr)

Address.....

.....Postcode.....

Occupation.....

Signature.....

Date.....

2nd Witness

(Mr/Mrs/Miss/Ms/Dr)

Address.....

.....Postcode.....

Occupation.....

Signature.....

Date.....