

CODICIL FORM

I, FULL NAME.....of

FULL ADDRESS.....

.....Postcode.....

DECLARE this to be a(first/second/third as appropriate) Codicil to my last Will, dated the.....day of(month and year) (“my Will”).

MY WILL shall be construed and take effect as if it contained the following clause:

I give free of Inheritance Tax to: Safe Anaesthesia Worldwide, registered charity number 1148254, that has or had offices at White Lyon House, Marden, Kent, TN12 9DR, UK

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

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

The receipt of the Secretary or other officer for the time being of the said charity shall be sufficient discharge to my Executors.

IN ALL other respects I confirm that the other aspects covered in my Will and any other Codicils are correct.

IN WITNESS whereof I have hereunto set my hand on thisday

of(month) (year)

SIGNED by the said..... (print name of testator)

..... (signature of testator)

As and for a (first/second/third etc) Codicil to his/her Will in our presence

And by us jointly attested and subscribed in his/her presence.

Witness (1) Sign Witness (2) Sign

Print Name Print Name

Address Address

.....

Occupation Occupation

Please note that your witnesses can not be beneficiaries in your Will or be married to anyone who is a beneficiary of your Will. You must sign the Codicil in front of both witnesses who must both then sign the form in front of you and each other. Your witnesses should then fill in their name, address and occupation as above.