



**Codicil Form**

Please ensure that you sign this form in the presence of two independent witnesses.

The following people cannot witness your codicil:

- Your executor
- Your executor’s spouse
- A beneficiary of your will
- A beneficiary’s spouse.

Please keep this document in a safe place together with your will. I

(full name) \_\_\_\_\_

of (full address) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

declare this to be the (1st/2nd/3rd/other) \_\_\_\_\_ codicil to my will  
dated and made (date) \_\_\_\_\_

I give, free of inheritance tax, the sum of £ \_\_\_\_\_ or (item)

\_\_\_\_\_

To Royal Blind, 50 Gillespie Crescent, Edinburgh EH10 4JB, registered charity number SCO17167, absolutely for its general charitable purposes and I declare that the receipt of the Chief Executive or other proper officer for the time being shall be a sufficient discharge to my executors.

In all other respects I confirm my said will. In witness whereof I have hereunto set my hand this

\_\_\_\_\_ (day) of \_\_\_\_\_ (month) 20\_\_\_\_\_

Testator’s signature:

\_\_\_\_\_

Signed in the presence of:

First Witness

Signature \_\_\_\_\_

Full name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

Second Witness

Signature \_\_\_\_\_

Full name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_