

Codicil to an existing Will

If you already have a will but would like to add The Clinic to it, please complete this form and pass on to your solicitor. Call 0207 251 3322 for more information.

I (full name) _____

of (address) _____

Previously of (if different address in will) _____

declare this to be a (first/second) _____ Codicil

to my Will which is dated DD/MM/YYYY

which is lodged with (name and address of solicitor/bank) _____

In addition to the legacies (if any) given by me in my said Will I bequeath a share

of _____ (% / remainder) of my estate or the sum of

£ _____ or / and a specific gift of _____

To The City of London Migraine Clinic, 22 Charterhouse Square, London, EC1M 6DX

(Registered Charity No. 1115935)* to be used for general purposes and I declare that the

receipt of the Treasurer or duly authorised officer shall be a full and sufficient discharge.

Signed _____

Signed by the above named in the presence of witnesses

Date _____

(Your witnesses may be related to one another; however, they must not be related to you or to anyone mentioned in your Will and must be over 18 years of age).

Witness One

Name _____

Signed _____

Occupation _____

Date _____

Address _____

Witness Two

Name _____

Signed _____

Occupation _____

Date _____

Address _____

*If at my death the charity named as a beneficiary hereto has changed its name or amalgamated with or transferred its assets to another body then my executors shall give effect to any gift made to such a charity as if it had been made (in the first case) to the body in its changed name or (in the second place) to the body which results from such amalgamation or to which such transfer has been made.

