

# Codicil form

I ..... (Your full name)  
of ..... (Your address)  
.....  
..... (Your postcode) .....

declare this is my first/second/third\* codicil to my Will (\*delete as appropriate)  
which is dated and made on the ..... (Insert date of your Will - not today's date)

**(Tick the box or boxes below that apply and enter details)**

I give to the National Migraine Centre (registered charity number 1115935; a company limited by guarantee, registered in England and Wales, with company number 05846538 and registered office address at 999 Finchley Road, London NW11 7HB, United Kingdom) for its general charitable purposes the following:

- The following proportion of the residue of my estate: ..... %
- The sum of: £.....
- The following item(s): .....

**I confirm that the other aspects covered in my Will and any other codicils are correct.**

Signature ..... (Your signature) Date ..... (Date of signing)

Signed by the above name testator in our joint presence and then by us in his/hers

**Witness 1**

Name .....

Address .....

Occupation .....

Date .....

Signed .....

**Witness 2**

Name .....

Address .....

Occupation .....

Date .....

Signed .....

**Thank you for your support**