

If you wish to use this form, please ensure that you sign it in the presence of two independent witnesses who should not themselves, or through their spouses, receive any benefit from either your Will or this Codicil. Both witnesses must sign this form at the same time as you do. If you have any questions as to how a Codicil relates to your Will, you should consult your solicitor. Once completed, a Codicil must be kept with your Will.

CODICIL

TO BE COMPLETED BY YOU TO SUIT YOUR PERSONAL CIRCUMSTANCES

By this first / (other) * Codicil to the Will dated of me:

{Name} of

{Address}

..... {Postcode}

I give to the Guillain-Barré Syndrome Support Group (Registered Charity Numbers 327314 & SC039900) the sum of £..... for its general charitable purposes and I direct that the receipt of any duly authorised officer of the said Charity shall be sufficient discharge to my executors / trustees*. In all other respects I confirm my said Will (and my previous Codicils dated).

Signed Date

TO BE COMPLETED BY YOUR WITNESSES

Signed by the above named in our joint presence and then by us in his / her* presence.

FIRST WITNESS {Name} of

{Address}

..... {Postcode}.....

{Occupation} {Signature}

SECOND WITNESS {Name} of

{Address}

..... {Postcode}.....

{Occupation} {Signature}

* Delete as necessary