

Cardiomyopathy^{UK}

the heart muscle charity

Unit 10, Chiltern Court, Asheridge Road, Chesham, Bucks. HP5 2PX
fundraising@cardiomyopathy.org
 01494 791224
 Charity no. 1164263

CODICIL FORM

This form can be used if you wish to make an amendment to your Will

I [full name]:

Of [address]:

.....

Declare this to be a Codicil to my Will dated [date in words].....

I give the sum of [in figures and words] £.....

To Cardiomyopathy UK, Registered Charity number 1164263

OR

I givePercent of the residue of my estate to Cardiomyopathy UK

I direct that the receipt of an authorised officer of Cardiomyopathy UK shall be in full and sufficient discharge to my executors.

In witness whereof I have hereunto set my hand this day.

Signed by the above named.....Date.....

As a Codicil to his / her Will

In our joint presence and then by us in his / hers:

Witnessed by:

Name	Name
Occupation	Occupation
Address	Address
Signed	Signed
Date	Date

Please send / take this form to your solicitor