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

Codicil Please keep this document in a safe place together with your will and send a copy to your solicitor.

I (full name)

of (full address)

Testator’s signature:

Signed in the presence of:

First Witness:

Signature

Post Code 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

£ (sum in figures)

 (sum in words)

to the Friends of the Cromford Canal, 12 Holymoor Road, Holymoorside, Chesterfield, Derbyshire, S42 7DX, charity number 1164608, absolutely for its general charitable purposes and I declare that the receipt of the Friends of the Cromford Canal Treasurer 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

Full Name Address

 Post code Occupation

Second Witness:

Signature Full Name Address

witness whereof I have hereunto set my hand

this (day)

of (month) 20

 Post code Occupation