

Codicil Form

1			(Name)	
Of			(Address)	
DECLARE this to be a		(first/second as appropriate) Co	(first/second as appropriate) Codicil of my last Will,	
Dated the	(Day) of	(Month)	(Year) ('My Will').	
MY WILL shall be	construed and take effect as if it	contained the following clause:		
		morial College, Registered Charity Number 11	14383.	
A residuary	y gift of	(percentage in words o	(percentage in words and figures) of my estate*	
A pecuniar	ry gift of	(G	(GBP in words and figures)*	
A specific g	gift of			
			(description of the gift(s)*	
* for the general purp	poses of the said charity.		(2000)	
The receipt of the	secretary or other officer for the	e time being of the said charity shall be sufficient discha	arge to my Executors.	
	ts I confirm my Will		(and Codicil dated)	
· ·	,		,	
INIMITAIECC				
This	reof I have hereunto set my hand (Day) of	a on (Month)	(Year)	
Signed by the said		(Month)	(rear)	
	u	(Circumstance of tookerton)		
(Name)		(Signature of testator)		
As and for a	(first/second etc) Codicil to his/her Will in our presence			
And by us jointly o	attested and subscribed in his/h			
FIRST WITNESS	attostod dila sobseribed ili ilis/ ili	SECOND WITNESS		
Name		Name		
Signature		Signature		
J		S .		
Address		Address		
Occupation		Occupation		
Data Protection: All p	personal data provided on this form v	will be securely held by Framlingham College in compliance wit	th the General Data Protection	
Regulation (GDPR) a	nd our Privacy Policy which can be fo	und online at framlinghamcollege.co.uk/privacy . If you have 1728 727243 or visit our website at framlinghamcollege.co.uk	any queries, please email	
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Thank you

Please return to: Martin Myers-Allen, Development Director, The Development Office, Framlingham College, Framlingham, Suffolk IP13 9EY UK. Telephone: 01728 723789 / 07917 248657