Form of Codicil

To be completed by you

I_____(full name)

of_____

_____(address and postcode)

Declare this to be a [first/second/third] Codicil to my Will dated ___ / ___ / ____

1. In addition to any legacies/bequests given in my said Will, I give to Cornwall Air Ambulance Trust (Registered Charity No. 1133295) of Trevithick Downs, Newquay, Cornwall TR8 4DY

Select from:

- the sum of £_____ to be used for its general charitable purposes
- _____% of my residue estate to be used for its general charitable purposes
- My shares in_____
- A specific Item / Property_____

and I declare that the receipt of the Treasurer or other proper officer shall be a full and sufficient discharge.

2. In all other respects I confirm my said dated Will

IN WITNESS to my codicil dated

_____ day of_____ (month) 20____ (year)

Signed_____ by the above named

_____

To be completed by your witnesses

Signed by the above named in our presence and witnessed by us in the presence of him/her and each other.

Witnessed by:

Signature_____

Full Name_____

Address_____

_____

_____

Occupation_____

Date ___ /___ /___

Witnessed by:

Signature_____

Full Name_____

Address_____

_____

_____

Occupation_____

Date ___ /___ /___